



PODIATRIC MEDICAL ASSISTANT REGISTRATION FORM

About Your Information: All correspondence concerning The National originating from APMA or supplier vendors who purchase our registrant mailing list will be sent to the address provided below.

YOUR INFORMATION

Name _____ First Name for Badge _____ ASPMA Member? Yes No PMAC? Yes No

Name _____ First Name for Badge _____ ASPMA Member? Yes No PMAC? Yes No

Name _____ First Name for Badge _____ ASPMA Member? Yes No PMAC? Yes No

DPM Employer _____ APMA Member? Yes No

Address _____

City/State/Zip Code _____

Office Phone _____

Fax _____

E-mail _____

ADDITIONAL INFORMATION

Per the Americans With Disabilities Act of 1990, check here if you have a disability and may require accommodations to participate fully. *Please describe:* _____

ANNUAL SCIENTIFIC MEETING REGISTRATION FEE

(Circle appropriate amounts)	Until 3/29/15	After 3/29/15
<input type="checkbox"/> Each Assistant	\$95	\$195

Number of assistants registered _____

Total \$ _____

(Note: Assistants' examination fees must be paid separately and may not be included in this total.)

Please note:

- Educational topics are subject to change as the program schedule develops.
- All registration fees must be paid in advance.
- Full payment must be received with your registration form, or the total must be recorded as part of the sponsoring DPM's registration. Registrations without complete payment will not be processed.
- Registration for The National includes educational sessions (unless otherwise noted), exhibit hall entry, and refreshment breaks. Note: There is a separate fee for the examinations and review courses; they are not included in the fee schedule on this page.
- A confirmation of registration will be sent to you by fax, mail, or e-mail within 5-10 business days after receipt.
- Written requests for registration refunds must be postmarked on or before June 26, 2015. Registration fees are refunded less a \$50 processing fee. All refunds will be issued after the meeting has occurred.
- No refunds will be made after June 26, 2015. Refunds are not granted to no-shows.

PAYMENT

Total Registration Amount \$ _____

Payment type (check one):

Registration will not be processed unless accompanied by full payment.

Check enclosed in US dollars (payable to APMA, Inc.)

MasterCard Visa American Express Discover

Credit Card Number (please print clearly) _____

Expiration Date _____

Name on Card (please print clearly) _____

Authorized Signature _____

Date _____

Day Phone of Cardholder _____

Mail, e-mail, or fax your completed registration to:

American Podiatric Medical Association, Annual Meeting Office
9312 Old Georgetown Road, Bethesda, MD 20814-1621
Fax: 301-530-2752
E-mail: membership_ask_apma@apma.org

The registration on this page is for assistants attending The National only. Please see the reverse side of this form for a separate registration, schedule, and fee for the certification examinations and review courses offered by ASPMA in conjunction with The National.

AMERICAN SOCIETY OF PODIATRIC MEDICAL ASSISTANTS (ASPMA)

2015 COMPREHENSIVE REVIEW COURSES & CERTIFICATION EXAMINATIONS

THE ASPMA COMPREHENSIVE REVIEW COURSES

The review courses are given in two categories: clinical and administrative. The examination will also be given in these two categories. These courses are "closed" courses offered only to ASPMA members who have preregistered to sit for the certification examinations. For more information on becoming a member of ASPMA, visit www.aspma.org and click on Membership.

The review courses are on Thursday, July 23, 2015, from 8:00 a.m.-4:00 p.m., and the examinations are on Friday, July 24, 2015, from 8:00 a.m.-12:30 p.m. Examination confirmations will be checked for verification.

TO REGISTER FOR THE ASPMA CERTIFICATION EXAMINATION

ASPMA members are required to submit the completed registration form to the right and \$50 examination fee no later than June 23, 2015. A late fee will be added for those registering after the 30-day deadline. Only ASPMA members are eligible to attend the course and sit for the certification examinations, clinical or administrative. ASPMA membership must be obtained 90 days prior to the date of the exam.

You must also be registered for the Assistants' Program at the 2015 APMA Annual Scientific Meeting to be eligible to take the examinations.

STUDY MANUALS

The study manual for the **clinical** examination, "The Comprehensive Guide to Podiatric Medical Assisting," and the study manual for the **administrative** examination, "Saunders Textbook of Medical Office Management," are available for prestudy. Order forms can be downloaded from the ASPMA website: www.aspma.org.

Please complete the form below and mail with your check to:

Sue Hasenour, PMAC
Chair, ASPMA Qualifying & Examining
4472 S. Cross St.
St. Anthony, IN 47575

YOUR INFORMATION

ASPMA Member Name

Which Examination You Will Take (Clinical or Administrative)

DPM Employer

Office Address

City/State/Zip Code

Phone

Fax

E-mail

CHECKLIST FOR ENCLOSURES FOR REVIEW COURSES AND CERTIFICATION EXAMINATIONS

- Completed Form
- \$50 Examination Fee
(if mailed prior to June 23, 2015)
- \$75 Examination Fee
(includes \$25 late fee if mailed after June 23, 2015)
- Photocopy of ASPMA Membership Card