



The American Society of Podiatric Medical Assistants
Is pleased to announce the offering of a full day review course and clinical exam for
Podiatric Medical Assistant, Certified

The review course will be offered on Friday, October 6th , 2017
exam next day Saturday, October 7th , 2017
Both will be held at:
INDIANA PODIATRY GROUP
7301 E 90th St. Ste 112
Indianapolis, In 46256

This exam contains the radiology requirements for Indiana assistants taking x-rays.

EARLY REGISTRATION FEE: \$140.00 \$165.00 if postmarked after September 15, 2017

ASSISTANT NAME: _____

DOCTOR NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

MOBILE TELEPHONE: _____

Mail your check to: ASPMA
1616 North 78th Court
Elmwood Park, IL 60707-3548

Or fax your credit card information to: 708-456-4947

Circle One: Visa MasterCard American Express

Card Number: _____

Exp. Date: _____ CVV Code: _____

Name as it appears on card: _____

Billing Address (if different than above): _____

Authorized Signature: _____

FOR FURTHER INFORMATION, CONTACT THE ASPMA BUSINESS OFFICE AT 888-88-ASPMA