

**APMA 2018 Annual Scientific Meeting Clinical Examination Registration Form  
July 12<sup>th</sup> and 13<sup>th</sup>, 2018  
Washington, DC**

**Exam Registration Form - for Clinical Exam Only**

**\*\*\*\*MUST BE A MEMBER OF ASPMA FOR 90 DAYS TO REGISTER FOR THE EXAM\*\*\*\***

**The review course will be offered on Thursday, July 12, 2018**

**Exam next day Friday, July 13, 2018 Both will be held at:**

**APMA 2018 Annual Scientific Meeting**

**Gaylord National**

**You must also be registered to attend the assistants program**

PLEASE PRINT

Name \_\_\_\_\_

ASPMA Membership number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Exam Fee - \$325.00 until June 11, 2018 includes The Comprehensive Study Guide to Podiatric Medical Assisting, 5th Edition Please allow 10 business days for shipping of the study guide.

Exam fee \$375.00 after June 11, 2018 includes The Comprehensive Study Guide to Podiatric Medical Assisting, 5th Edition **due to the date of your registration you might not receive the study guide before the exam date.**

**Deadline to register for the exam is July 7, 2018**

**Mail completed form and check to:**

**ASPMA 109 First Street Itasca, IL 60143-2114**

**Phone: (708) 715-0071 FAX: (847) 773-9976 E-mail: karenpmac@aol.com**

**A \$25 fee will be charged for any returned check**

**If you wish to pay by credit card you may fax this form**

Card # \_\_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_

CVV # (3 digit number on back of card) \_\_\_\_\_

Name on Card \_\_\_\_\_

Mailing address: \_\_\_\_\_

Billing Zip code \_\_\_\_\_

Signature Required \_\_\_\_\_