

## 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	PMAC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	First Name for Badge	ASPMA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	PMAC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	First Name for Badge	ASPMA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	PMAC? <input type="checkbox"/> Yes <input type="checkbox"/> No
DPM Employer	APMA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address		City/State/Zip Code	
Office Phone	Fax	Email Address	

### 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 amount)	Until 3/2/18	After 3/2/18
<input type="checkbox"/> Each Assistant	\$99	\$199

Number of assistants registered \_\_\_\_\_

**Total** \$ \_\_\_\_\_

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

### 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, email, 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  
 Email: [membership\\_ask\\_apma@apma.org](mailto: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 review courses and certification examinations offered by ASPMA in conjunction with The National.

#### 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 email within five to 10 business days after receipt.
- Written requests for registration refunds must be postmarked on or before June 18, 2018. 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 18, 2018. Refunds are not granted to no-shows.