

**Region III Clinical Examination Registration Form**

**May 2<sup>nd</sup> and 3<sup>rd</sup>, 2018**

**Resorts Casino Hotel Atlantic City**

**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 Wednesday May 2, 2018**

**Exam next day Thursday May 3, 2018**

**Both will be held at:**

**Resorts Casino Hotel**

**1133 Boardwalk Atlantic City, NJ 08401**

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

PLEASE PRINT

Name \_\_\_\_\_

Employer \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

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

Exam Fee - \$325.00 until April 1, 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 April 2, 2018 includes The Comprehensive Study Guide to Podiatric Medical Assisting, 5th Edition **due to the date you register you might not receive the study guide before the exam.**

**Deadline to register for the exam is April 25, 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 \_\_\_\_\_