

Region III Clinical Examination Registration Form
May 1 and 2, 2019
Resorts Casino Hotel Atlantic City
Exam Registration Form - for Clinical Exam Only
The review course will be offered on Wednesday May 1, 2019
Exam next day Thursday May 2, 2019
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 _____

ASPMA membership number _____

Employer _____

Address _____

City, State, ZIP _____

Phone _____ FAX _____ E-mail _____

Cell Phone _____

Exam Fee - \$325.00 until April 1, 2019 includes The Comprehensive Study Guide to Podiatric Medical Assisting, 5th Edition

Exam fee \$375.00 after April 2, 2019 includes The Comprehensive Study Guide to Podiatric Medical Assisting, 5th Edition

Deadline to register for the exam is April 24, 2019

Mail completed form and check to:

ASPMA
109 South First Street
Itasca, IL 60143-2114

Phone: (888)88-ASPMA 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 _____