

# PODIATRIC PHYSICIAN 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. *Industry representatives who wish to attend the meeting should contact APMA's department of Development and Corporate Relations at 301-581-9200.*

## Your Information

APMA Member Number	Last Name	Formal First Name	Nickname (or First Name) for Badge
Address			
City/State/Zip Code or Province/Country/Postal Code			
Daytime Telephone	Fax Number	Email Address	

NPI Number *(Note: Physicians' NPI numbers are publicly available. APMA collects this information so that it can be used as needed, e.g., to satisfy Open Payment reporting requirements.)*

## Your Guest's Information

(If you have additional guests, please attach a separate sheet.)

Last Name	Formal First Name	Nickname (or First Name) for Badge
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## 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: \_\_\_\_\_

## Educational Program and Special Sessions

Check all of the sessions you will attend; all programs on this page are included free of charge with the registration fee.  
(See reverse for workshops.)

### Thursday / July 12, 2018

<input type="checkbox"/> General Lectures: Morning Sessions	
<input type="checkbox"/> General Lectures: Afternoon Sessions	
<input type="checkbox"/> Breakfast Symposium	6:30-8:00 a.m.
<input type="checkbox"/> Non-CECH Lunch Symposium 1* <i>(Horizon Pharma, Inc.)</i>	12:00-1:00 p.m.
<input type="checkbox"/> Non-CECH Lunch Symposium 2* <i>(Recro Pharma, Inc.)</i>	12:00-1:00 p.m.

### Friday / July 13, 2018

<input type="checkbox"/> General Lectures: Morning Sessions	
<input type="checkbox"/> Participating Organizations Track (Afternoon)	
<input type="checkbox"/> Breakfast Symposium	7:00-8:30 a.m.
<input type="checkbox"/> Non-CECH Lunch Symposium 1* <i>(Ortho Dermatologics)</i>	12:00-1:00 p.m.
<input type="checkbox"/> Non-CECH Lunch Symposium 2* <i>(Organogenesis Inc.)</i>	12:00-1:00 p.m.

### Saturday / July 14, 2018

<input type="checkbox"/> General Lectures: Morning Sessions	
<input type="checkbox"/> General Lectures: Afternoon Sessions	
<input type="checkbox"/> Breakfast Symposium	7:00-9:00 a.m.
<input type="checkbox"/> Students' and Residents' Program	10:00 a.m.-12:00 p.m.

### Sunday / July 15, 2018

<input type="checkbox"/> General Lectures: Morning Sessions	
<input type="checkbox"/> General Lectures: Afternoon Sessions	
<input type="checkbox"/> Breakfast Symposium	7:00-8:30 a.m.

\*Non-CECH Lunch Symposia are ticketed events limited to 100 participants each.

## Annual Meeting Registration Fees

(Circle appropriate amount)

	Jan 1- March 2	March 3- June 15	After June 15
APMA Member	\$399	\$499	\$599
APMA Life Member	\$199	\$299	\$299
DPM (Non-APMA Member)	\$799	\$799	\$799
Health-Care Professional	\$799	\$799	\$799
APMA Student/Resident/Fellow Member	Complimentary		
APMA Member Young Physician	\$299	\$299	\$299
APMA Member Residency Director	\$299	\$299	\$299
APMA Member Federal Services or Active Duty Military <i>This rate is available only to members of the Federal Services component society.</i>	\$299	\$299	\$299

## Hands-On Workshops

(Circle appropriate amounts)

<b>Workshop 1: MIS-Bunion and Ankle Fracture</b> Friday, July 13, 2018 1:30-3:30 p.m. <i>Limited to 24 attendees</i>	\$250
<b>Workshop 2: Medial Double Arthrodesis</b> Friday, July 13, 2018 3:30-5:30 p.m. <i>Limited to 24 attendees</i>	\$250
<b>Workshop 3: Osteopathic Manipulative Treatment (OMT)</b> Friday, July 13, 2018 1:30-5:30 p.m. <i>Limited to 20 attendees</i>	\$250
<b>Workshop 4: Wound Care</b> Friday, July 13, 2018 1:30-5:30 p.m. <i>Limited to 30 attendees</i>	\$200

## Additional Event

### Podiatry Management Hall of Fame Induction Ceremony and Reception

Thursday, July 12, 6:00-7:00 p.m.

Number of tickets: \_\_\_\_\_ at \$75 each      \$ \_\_\_\_\_

## 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

### Please Note:

- Educational topics are subject to change as the program schedule develops.
- All registration fees must be paid in advance.
- Payment must be received with your registration form. Registrations without complete payment will not be processed.
- Registration for The National includes educational sessions (unless otherwise noted), exhibit hall entry, and refreshment breaks.
- A confirmation of registration will be sent to you by fax, mail, or email.
- 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.

### 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)

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