

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.

Please print all information clearly.

Your Information

APMA Member Number

Last Name

Formal First Name

Nickname (or First Name) for Badge

Address

City/State or Province/Country

Zip Code or 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

Non-CECH Lunch and Dinner Symposia

These optional events are made possible at no charge, thanks to the corporate sponsors noted below. Select a maximum of one lunch per day. Space is limited, so register early for these popular events. Note: Thursday's lunch symposia are the only APMA-provided lunches on that day. On Friday and Saturday, lunch will also be available in the exhibit hall (separate registration not required).

THURSDAY / JULY 23

- Non-CECH Lunch Symposium 1: 12:00–1:00 p.m.
Your Communication Solution
(Weave)
- Non-CECH Lunch Symposium 2: 12:00–1:00 p.m.
Micro-Vascular Assessment (Modulim)
- Non-CECH Lunch Symposium 3: Treating 12:00–1:00 p.m.
Onychomycosis and Tinea Infections
(Ortho Dermatologics)
- Non-CECH Lunch Symposium 4: 12:00–1:00 p.m.
Topic—Wound Care (Organogenesis Inc.)
- Non-CECH Dinner Symposium: Topic—TBD 6:00–7:00 p.m.
(Janssen Pharmaceutical Companies)

FRIDAY / JULY 24

- Non-CECH Lunch Symposium 1: 12:00–1:00 p.m.
Regenerative Wound Healing
(Polarity TE)
- Non-CECH Lunch Symposium 2: 12:00–1:00 p.m.
Treating Uncontrolled Gout
(Horizon Therapeutics USA, Inc.)
- Non-CECH Dinner Symposium: 6:00–7:00 p.m.
Postoperative Pain Management
(Heron Therapeutics, Inc.)

SATURDAY / JULY 25

- Non-CECH Lunch Symposium: 12:00–1:00 p.m.
Topic—Wound Care
(LifeNet Health)

Please circle appropriate fees for all activities on this page for which you are registering.

Annual Meeting Registration Fees

	Until April 15	April 16– July 15	After July 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

Workshop 1: Dermoscopy Friday, July 24 1:30–5:30 p.m. <i>Limited to 24 attendees</i>	\$249
Workshop 2: Ultrasound Friday, July 24 1:30–5:30 p.m. <i>Limited to 24 attendees</i>	\$249
Workshop 3: Ankle Arthroscopy Saturday, July 25 1:00–4:00 p.m. <i>Limited to 16 attendees</i>	\$349

Additional Educational Opportunity

CPR/AED Training Course Saturday, July 25 1:00–4:00 p.m. <i>Limited to 50 attendees</i>	\$75
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Special Event

Podiatry Management Hall of Fame Luncheon (Non-CECH)

Saturday, July 25

12:00–1:00 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

Security Code

Name on Card (please print clearly)

Authorized Signature

Date

Day Phone of Cardholder

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: _____

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 mail or email.
- Cancellation policy: Cancellation requests must be made in writing. Cancellations received by April 15 will receive a refund minus a \$150 fee. Those received between April 16 and July 15 will receive a refund minus a \$300 fee (or the cost of registration, whichever is lower). No refunds available for no-shows or cancellations received after July 15. Refunds will be processed after the event.

TOTAL \$ _____

Mail, email, or fax your completed registration to:

American Podiatric Medical Association | 9312 Old Georgetown Road, Bethesda, MD 20814-1621

Fax: 301-530-2752 | Email: registration@apma.org