

PODIATRIC PHYSICIAN IN-PERSON MEETING REGISTRATION FORM

Use this registration form ONLY if you wish to attend The National in-person in Denver. You may also register online to attend the in-person meeting. To register online or to register for the virtual meeting, visit www.apma.org/thenational.

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

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

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.

THURSDAY / JULY 29

Non-CECH Lunch Symposium 1 <i>(Ortho Dermatologics)</i>	12:00–1:00 p.m.
Non-CECH Lunch Symposium 2 <i>(Horizon Therapeutics USA, Inc.)</i>	12:00–1:00 p.m.
Non-CECH Lunch Symposium 3 <i>(Organogenesis)</i>	12:00–1:00 p.m.
Non-CECH Lunch Symposium 4 <i>(TBD)</i>	12:00–1:00 p.m.
Non-CECH Dinner Symposium <i>(Paratek Pharmaceuticals)</i>	6:00–7:00 p.m.

FRIDAY / JULY 30

Non-CECH Lunch Symposium 1 <i>(Janssen Pharmaceutical Companies)</i>	12:00–1:00 p.m.
Non-CECH Lunch Symposium 2 <i>(Bako Diagnostics)</i>	12:00–1:00 p.m.

SATURDAY / JULY 31

Non-CECH Lunch Symposium <i>(TBD)</i>	12:00–1:00 p.m.
--	-----------------

ANNUAL MEETING REGISTRATION FEES

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

APMA Member	\$399
APMA Life Member	\$299
DPM (Non-APMA Member)	\$799
Health-Care Professional	\$799
APMA Student/Resident/Fellow Member	Complimentary
APMA Member Young Physician	\$299
APMA Member Residency Director	\$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

HANDS-ON WORKSHOPS

Workshop 1: Ultrasound Friday, July 30 8:00 a.m.–12:00 p.m. <i>Limited to 20 attendees</i>	\$249
Workshop 2: Dermoscopy and Biopsy Friday, July 30 1:30–5:30 p.m. <i>Limited to 20 attendees</i>	\$249
Workshop 3: Ankle Arthroscopy Saturday, July 31 1:00–4:30 p.m. <i>Limited to 16 attendees</i>	\$349

SPECIAL EVENT

Podiatry Management Hall of Fame Luncheon (Non-CECH) Saturday, July 31 12:00–1:00 p.m.	
Number of tickets: _____ at \$75 each	\$ _____

TOTAL	\$ _____
--------------	----------

PAYMENT

TOTAL REGISTRATION AMOUNT \$ _____

Registration will not be processed unless accompanied by full payment.

Payment type (check one):

Check enclosed in US dollars (payable to APMA, Inc.)
 MasterCard VISA
 American Express Discover

Credit Card Number

Expiration Date

Security Code

Name on Card

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 prior to the start of the event will receive a refund minus a \$150 service fee. No refunds are available for no-shows or cancellations received after the start of the event. Refunds will be remitted after the close of the event.

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