

PODIATRIC PHYSICIAN VIRTUAL MEETING REGISTRATION FORM

Use this registration form ONLY if you wish to attend The National virtually. To register online 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

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.)

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 and access to the virtual exhibit hall.
- 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

ANNUAL MEETING REGISTRATION FEES

Please check the appropriate registration fee below.

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| 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 | \$299 |
| <i>This rate is available only to members of the Federal Services component society.</i> | |

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