



APMA ANNUAL
SCIENTIFIC MEETING
NASHVILLE | JULY 13-16, 2023

PODIATRIC PHYSICIAN MEETING REGISTRATION FORM

Use this form to register for The National, or register online at www.apma.org/thenational. The meeting is being provided in-person only.

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

Email

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 and one dinner per day. Space is limited, so register early for these popular events.

THURSDAY / JULY 13

Non-CECH Lunch Symposium 1 <i>(Organogenesis)</i>	12:00–1:00 p.m.
Non-CECH Lunch Symposium 2 <i>(Horizon Therapeutics)</i>	12:00–1:00 p.m.
Non-CECH Lunch Symposium 3 <i>(TBD)</i>	12:00–1:00 p.m.
Non-CECH Lunch Symposium 4 <i>(Heron Therapeutics)</i>	12:00–1:00 p.m.

Non-CECH Dinner Symposium 1 <i>(TBD)</i>	6:00–7:00 p.m.
Non-CECH Dinner Symposium 2 <i>(TBD)</i>	6:00–7:00 p.m.

FRIDAY / JULY 14

Non-CECH Lunch Symposium 1 <i>(Averitas Pharma)</i>	12:00–1:00 p.m.
Non-CECH Lunch Symposium 2 <i>(Ortho Dermatologics)</i>	12:00–1:00 p.m.

Non-CECH Dinner Symposium 1 <i>(TBD)</i>	6:30–7:30 p.m.
Non-CECH Dinner Symposium 2 <i>(TBD)</i>	6:30–7:30 p.m.

SATURDAY / JULY 15

Non-CECH Lunch Symposium 1 <i>(TBD)</i>	12:00–1:00 p.m.
Non-CECH Lunch Symposium 2 <i>(TBD)</i>	12:00–1:00 p.m.

Non-CECH Dinner Symposium <i>(TBD)</i>	6:30–7:30 p.m.
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ANNUAL MEETING REGISTRATION

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

	Early-Bird Rate (Until March 31)	Regular Rate (April 1–July 11)	On-Site Rate (After July 11)
APMA Member	\$399	\$649	\$849
APMA Life Member	\$299	\$399	\$399
DPM (Non-APMA Member)	\$949	\$949	\$949
Health-Care Professional	\$949	\$949	\$949
APMA Student/Resident/Fellow Member	Complimentary		
APMA Member Young Physician	\$299	\$399	\$399

HANDS-ON WORKSHOPS

WORKSHOP 1: Ankle Fractures: Approaches and Fixation Methods Friday, July 14, 10:00 a.m.–12:00 p.m. <i>Limited to 24 attendees</i>	\$249
WORKSHOP 2: MIS HAV and Tailor's Bunion Surgery Friday, July 14, 2:00–6:00 p.m. <i>Limited to 24 attendees</i>	\$349
WORKSHOP 3: Biomechanical Evaluation and Orthotic Decision Making in the Athlete Saturday, July 15, 10:00 a.m.–12:00 p.m. <i>Limited to 30 attendees</i>	\$249
WORKSHOP 4: Ultrasound Saturday, July 15, 1:30–4:30 p.m. <i>Limited to 24 attendees</i>	\$349

EDUCATORS' FORUM

Educators' Forum Friday, July 14, 2:00–6:15 p.m.	Complimentary
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TOTAL FEES	\$
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 Register for the **TEAM APMA 5K RUN/WALK** by visiting www.apma.org/teamapma.

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

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.)	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> Discover
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Credit Card Number

Expiration Date Security Code

Name on Card

Authorized Signature

Date

Day Phone of Cardholder

IMPORTANT! Please check the box below to indicate your agreement to APMA's meeting policies. Your registration will not be processed if this box is not checked.

By registering for this meeting, I agree to all of APMA's registration and meeting policies listed at www.apma.org/TheNationalPolicies.

EMERGENCY CONTACT

Name

Telephone

Email

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:
