

# PODIATRIC PHYSICIAN MEETING REGISTRATION FORM

Use this form to register for The National, or register online at <a href="https://www.apma.org/thenational">www.apma.org/thenational</a>. 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 (Organogenesis)	12:00-1:00 p.m.	
Non-CECH Lunch Symposium 2 (Horizon Therapeutics)	12:00–1:00 p.m.	
Non-CECH Lunch Symposium 3 (TBD)	12:00–1:00 p.m.	
Non-CECH Lunch Symposium 4 (Heron Therapeutics)	12:00–1:00 p.m.	
Non-CECH Dinner Symposium 1 (TBD)	6:00–7:00 p.m.	
Non-CECH Dinner Symposium 2 (TBD)	6:00–7:00 p.m.	
FRIDAY / JULY 14		
Non-CECH Lunch Symposium 1 (Averitas Pharma)	12:00–1:00 p.m.	
Non-CECH Lunch Symposium 2 (Ortho Dermatologics)	12:00-1:00 p.m.	
Non-CECH Dinner Symposium 1 (TBD)	6:30-7:30 p.m.	
Non-CECH Dinner Symposium 2 (TBD)	6:30-7:30 p.m.	
SATURDAY / JULY 15		
Non-CECH Lunch Symposium 1 (TBD)	12:00–1:00 p.m.	
Non-CECH Lunch Symposium 2	12:00–1:00 p.m.	
(TBD)		

#### **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. Limited to 24 attendees

WORKSHOP 2: MIS HAV and Tailor's Bunion Surgery

Friday, July 14, 2:00–6:00 p.m. Limited to 24 attendees

WORKSHOP 3: Biomechanical Evaluation and Orthotic Decision Making in the Athlete

Saturday, July 15, 10:00 a.m.–12:00 p.m. Limited to 30 attendees

**WORKSHOP 4: Ultrasound** 

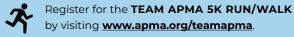
Saturday, July 15, 1:30–4:30 p.m. *Limited to 24 attendees* 

#### **EDUCATORS' FORUM**

**Educators' Forum**Complimentary
Friday, July 14, 2:00–6:15 p.m

TOTAL FEES

\$



## 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.) MasterCard VISA

American Express

Discover

Credit Card Number

Expiration Date Security Code

Name on Card

**Authorized Signature** 

Date

\$249

\$349

\$249

\$349

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 <a href="https://www.apma.org/TheNationalPolicies">www.apma.org/TheNationalPolicies</a>.

#### **EMERGENCY CONTACT**

Name	
Telephone	

### ADDITIONAL INFORMATION

Email

Per the Americans With Disabilities Act of 1990, check here if you have a disability and may require accommodations to participate fully. Please describe: