

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 Phone

Cell Phone

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.)

NON-CECH LUNCH SYMPOSIA

These optional events are made possible at no charge, thanks to corporate sponsors. Select a maximum of one lunch per day. Space is limited, so register early for these popular events.

THURSDAY / AUGUST 8

Non-CECH Lunch Symposium 1 12:00–1:00 p.m.
(Organogenesis)

Non-CECH Lunch Symposium 2 12:00–1:00 p.m.
(Legally Mine)

Non-CECH Lunch Symposium 3 12:00–1:00 p.m.
(TBD)

FRIDAY / AUGUST 9

Non-CECH Lunch Symposium 1 12:00–1:00 p.m.
(Amgen)

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

SATURDAY / AUGUST 10

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

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

Download **APMA Engage** to stay connected throughout The National with the most up-to-date information and to make the most of your APMA membership year-round! Visit www.apma.org/apmaengage to get started.



Register for the
Team APMA 5K Run/Walk
by visiting
www.apma.org/teamapma.

ANNUAL SCIENTIFIC MEETING REGISTRATION

Check appropriate amount.

	EARLY-BIRD RATE (Until March 29)	REGULAR RATE (March 30–August 6)	ON-SITE RATE (After August 6)
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

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:

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.

PAYMENT

REGISTRATION FEE \$ _____

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

MAIL, EMAIL, OR FAX YOUR COMPLETED REGISTRATION TO:

American Podiatric Medical Association
11400 Rockville Pike, Suite 220, Rockville, MD 20852
Fax: 301-530-2752
Email: registration@apma.org