

Indiana Podiatric Medical Association — 2009 Fall Convention

ADVANCE REGISTRATION FORM

NAME : _____

ADDRESS: _____ CITY, STATE & ZIP CODE : _____

OFFICE TELEPHONE NUMBER: _____ FAX: _____ E-mail : _____

OFFICE STAFF NAMES : _____

I give the Indiana Podiatric Medical Association permission to ___ fax me and/or ___ email me at the address/fax number above.

Doctors and Assistants Registration Fee includes Educational Sessions, Continental Breakfast and Breaks each day plus Friday Lunch and Saturday Recognition Lunch. **(PLEASE CIRCLE CATEGORY AND AMOUNT FOR WHICH YOU ARE REGISTERING)**

<u>REGISTRATION FEES:</u>	<u>BEFORE 9/7/09</u>	<u>AFTER 9/7/09</u>
IPMA MEMBER	\$425	\$450
APMA MEMBER	475	500
NON-MEMBER	1000	1050
*LIFE MEMBERS	75	100
*RESIDENTS & STUDENTS	00	25
ASSISTANTS' GENERAL PROGRAM:		
IPA OR ASPMA MEMBER	200	225
NON-IPA OR ASPMA MEMBER	225	250

Return form to:

Indiana Podiatric Medical Association

101 W. Ohio St. Suite 780

Indianapolis IN 46204

Fax: 317-222-3849

ASSISTANTS, REVIEW COURSE FOR THE ASPMA CLINICAL EXAMINATION: ASPMA MEMBERS ONLY (The Registration Fee includes Educational Sessions, Continental Breakfast and Breaks each day plus Friday Lunch and Saturday Recognition Lunch)

Clinical Course with Exam 265 n/a

YOU MUST ENCLOSE A COPY OF YOUR MEMBERSHIP CARD WITH THIS APPLICATION IF YOU ARE REGISTERING FOR THE EXAM.

*(Life Members and Resident categories do not include meal charges or social function charges. This fee is for scientific sessions only.)

INDIVIDUAL FOOD FUNCTION PRICES:

Pay only if you do not plan to attend any other functions. These are included in the registration fee listed above except for Life Members and Residents.

<u>REGISTRATION FEES:</u>	<u>BEFORE 9/7/09</u>	<u>AFTER 9/7/09</u>
FRIDAY LUNCH	40	55
SATURDAY RECOGNITION LUNCH	55	65

TOTAL AMOUNT ENCLOSED \$ _____

NAMES OF ASSISTANTS REGISTERING FOR PMAC CLINICAL REVIEW COURSE AND EXAMINATION:

PAYMENT METHOD: Payment type (check one). Registration will not be processed unless accompanied by full payment.

Check enclosed: ___ MasterCard: ___ Visa: ___ Discover: ___

Credit Card Number (please print clearly) plus Three Digit Card Identification Data (on back of card) & Expiration Date

Name (please print) _____ Signature _____