

Assistants' (X-Ray Only) Registration Form - June 2010 FPMA Conference

To attend the X-Ray Assistant Program on 6/12/10 (Examination on 6/13/10), please fill out this form and return with payment. Mail to: FPMA, 410 North Gadsden Street, Tallahassee, FL 32301 or FAX to (850) 681-0899.

Assistant Name _____

Physician/Employer _____

Office Address _____

City _____ State _____ Zip _____

Phone (____) _____ FAX (____) _____

Office E-mail _____ PXA License # _____

REGISTRATION FEE:

PROGRAM:

X-Ray Assistant

8-hour course on 6/12/10; Examination on 6/13/10: \$160.00

Total Balance Due: \$ _____

My X-Ray certification status is (*choose one*):

- Recertification: Board of Podiatric Medicine Certificate # PXA
 Initial course for certification by the Board of Podiatric Medicine

PLEASE NOTE: *We no longer offer the course for Bureau of Radiation Control Recertification*

*For more information, contact FPMA
at 1-800-277-3338 or via e-mail:
dinahcox@fpma.com*

CANCELLATION POLICY:

Cancellations are accepted through the last day of the Conference. A \$50.00 administrative fee will be charged for "no shows" who do not cancel. You will be billed for the fee or it will be deducted from your refund, if already paid.

PAYMENT OPTIONS:

CHECK: My check (payable to FPMA) is enclosed. My check (payable to FPMA) is coming via mail.

CREDIT CARD: American Express MasterCard Visa

(*please select one*) Account No. _____ Expiration Date _____

Cardholder's Signature _____

HOTEL INFORMATION: Hyatt Regency Coconut Point Resort & Spa

Hotel Address: 5001 Coconut Road, Bonita Springs, Florida 34134

Room Rate: Single/Double: \$129 (*tax not included in this amount*)

For reservations, call (239) 444-1234 or 1-800-233-1234

Be sure to mention that you are attending the June 2010 FPMA Conference!