

Assistants' Registration Form

SAM 2017

FPMA Science & Management Symposium
January 18 - 22, 2017
Hilton Orlando
Orlando, Florida

Registrant Information: Please complete one form per registrant. Your first and last name, as it appears below, will be printed on your SAM 2017 name badge.

Last Name _____ First Name _____ PXA # _____

Physician/Employer _____ *Note:* To save time, your physician can pick up your name badge/class materials ahead of time along with their conference materials. If you would like to do this, check this box.

Office Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Office Email _____

Comments/Special Needs _____

Front Office/Back Office Assistant Program Includes lectures, coffee breaks, lunch on Saturday, and Exhibit Hall Access	Any Assistant (AFTER 12/16/16)
Front Office Assistant	<input type="checkbox"/> \$160
Back Office Assistant	<input type="checkbox"/> \$160

Please Note: SAM 2017 Assistants' Pre-Registration closes December 30, 2016. After that date, you can also use this form to register on-site.

Podiatric X-Ray Assistant Program Includes lectures, coffee breaks, lunch on Saturday, and Exhibit Hall Access	Any X-Ray Assistant (AFTER 12/16/16)
Initial course for certification by the Florida Board of Podiatric Medicine	<input type="checkbox"/> \$175
Recertification: Florida Board of Podiatric Medicine Certificate, PXA# _____	<input type="checkbox"/> \$175

Payment

Check made payable to FPMA

Credit Card (complete section below) Visa MasterCard American Express

Credit Card Number _____ Exp. Date _____ Security Code _____

Name On Card _____ Cardholder's Signature _____

Billing Address if Different from Above _____ City _____ State _____ Zip _____

Address: Florida Podiatric Medical Association
410 North Gadsden Street
Tallahassee, FL 32301

Email: lwhitehead@fpma.com
Phone: (850) 224-4085
FAX: (850) 681-0899
Website: www.FPMA.com