

Assistants' Registration Form

SAM 2017

Registrant Information: Please complete one form per registrant. All communication regarding SAM 2017 will be sent to the contact information you provide below. Your first and last name, as it appears below, will be printed on your SAM 2017 name badge.

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

Last Name _____ First Name _____ PAX # _____

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	1st Assistant (ON/BEFORE 12/16/16)	2nd Assistant/ Same Office (ON/BEFORE 12/16/16)	3rd Assistant/ Same Office (ON/BEFORE 12/16/16)	Any Assistant (AFTER 12/16/16)
Front Office Assistant	<input type="checkbox"/> \$145	<input type="checkbox"/> \$130	<input type="checkbox"/> \$110	<input type="checkbox"/> \$160
Back Office Assistant	<input type="checkbox"/> \$145	<input type="checkbox"/> \$130	<input type="checkbox"/> \$110	<input type="checkbox"/> \$160

Podiatric X-Ray Assistant Program Includes lectures, coffee breaks, lunch on Saturday, and Exhibit Hall Access	1st X-Ray Assistant (ON/BEFORE 12/16/16)	2nd X-Ray Assistant/ Same Office (ON/BEFORE 12/16/16)	3rd X-Ray Assistant/ Same Office (ON/BEFORE 12/16/16)	Any X-Ray Assistant (AFTER 12/16/16)
Initial course for certification by the Florida Board of Podiatric Medicine	<input type="checkbox"/> \$160	<input type="checkbox"/> \$145	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175
Recertification: Florida Board of Podiatric Medicine Certificate, PAX# _____	<input type="checkbox"/> \$160	<input type="checkbox"/> \$145	<input type="checkbox"/> \$125	<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

Please Note: SAM 2017 Assistants' Pre-Registration closes December 30, 2016. After that date, you will have to register on-site.

Hotel Information: Hilton Orlando, 6001 Destination Parkway, Orlando, Florida 32819, Phone: (407) 313-4300
Room Rate: \$215.00 (tax not included); For reservations, call (407) 313-4300, be sure to mention you are attending SAM 2017
Discount deadline for making hotel reservations is December 12, 2016.