

Physicians' 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. You must be registered for the entire program to attend any portion of the program. Some workshops and events may require separate fees. **Please call the FPMA office if you do not receive confirmation of receipt of registration form within seven (7) business days.**

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

Last Name _____ First Name _____ Degree (i.e., DPM) _____ Male
 Female

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Cell Phone for On-site Contact _____ Email _____

Comments/Special Needs _____ License # _____

General Sessions Includes general lectures, coffee breaks, luncheons, and Exhibit Hall Access	FPMA Member	FPMA Life Member	APMA Member	APMA Life Member	Non-APMA Member	Student	Resident (APMA/FPMA)	Resident (Non-APMA/Non-FPMA)
Payment Received On or Before 12/9/16	<input type="checkbox"/> \$0	<input type="checkbox"/> \$135	<input type="checkbox"/> \$475	<input type="checkbox"/> \$250	<input type="checkbox"/> \$975	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$150
Payment Received After 12/9/16 or On-Site	<input type="checkbox"/> \$100	<input type="checkbox"/> \$235	<input type="checkbox"/> \$575	<input type="checkbox"/> \$350	<input type="checkbox"/> \$1,075	<input type="checkbox"/> \$25	<input type="checkbox"/> \$75	<input type="checkbox"/> \$175

Guest Badges Allows admittance to Exhibit Hall for registered attendee spouses and children only. Must be accompanied by registered attendee. No charge for children.

\$25 each x _____ badge(s) = \$ _____

Total Due

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 Pre-Registration closes December 16, 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.