



# FPMA 2024 Summer Conference

June 7 - 9, 2024

**Physician Registration**  
Register by May 24, 2024

*Please use a separate form for each registrant. Some events may require separate fees. All communications regarding the FPMA 2024 Summer Conference coming from FPMA or exhibitors who purchase or capture registrant data on-site will be sent to the contact information provided below.*

## Attendee Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Degree \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (daytime) \_\_\_\_\_ Phone (cell) \_\_\_\_\_  
 Email (required to register) \_\_\_\_\_ License No. \_\_\_\_\_ APMA No. \_\_\_\_\_

## Additional Information

Per the Americans With Disabilities Act of 1990, check here if you have a disability and may require accommodations to participate fully. Please provide details, and/or list any food allergies/dietary restrictions, on the line below:

### Guest Badge (Check to reserve)

**Guest badges are limited to one per attendee and are only for immediate family members aged 18+.** Badges are required for access into the conference Exhibit Hall. All guests must be accompanied by a registered Summer Conference attendee. Receipt of Guest badge does not entitle holder to conference food and beverage.

## Registration Fees and Payment

	By 4/26/24	After 4/26/24
<b>FPMA Member</b>	<input type="checkbox"/> <b>\$0*</b>	<input type="checkbox"/> \$200
<b>FPMA Life Member</b>	<input type="checkbox"/> \$125*	<input type="checkbox"/> \$175
<b>APMA Member</b>	<input type="checkbox"/> \$249	<input type="checkbox"/> \$299
<b>Non-FPMA/ Non-APMA Member</b>	<input type="checkbox"/> \$349	<input type="checkbox"/> \$399
<b>Student</b>	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50

### PLEASE NOTE:

- Educational topics are subject to change as the program schedule develops.
- All registration fees must be paid in full, in advance.
- Payment must be received with your registration form.
- Registrations without complete payment will not be processed.

**Cancellation Policy:** Cancellation requests must be made in writing and received by May 24, 2024. Refunds will be processed after the event. No refunds available for no-shows or cancellations received after May 24, 2024.

**\*Changes in registration, including changes in attendance preference after May 24, 2024, and no-shows are subject to a \$125.00 fee.**

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_  
 Visa Cardholder Name \_\_\_\_\_  
 MasterCard Cardholder Signature \_\_\_\_\_  
 American Express Billing Address (if different from above) \_\_\_\_\_  
 Check Enclosed City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please make checks payable to Florida Podiatric Medical Society, Address: 3375-F Capital Circle NE, Ste. 201, Tallahassee, FL 32308**

## Hotel Information

**Hyatt Regency Coconut Point Resort and Spa**  
5001 Coconut Road  
Bonita Springs, FL 34134

**Room rate (double, single occupancy): \$219.00**  
For reservations, call 1-800-233-1234

To make reservations on-line, access the link at  
[https://www.fpma.com/fpma\\_2024\\_summer\\_conference.php](https://www.fpma.com/fpma_2024_summer_conference.php)

**Reservation Deadline: May 14, 2024**