

2019 Summer Conference June 8, 2019

X-Ray Assistant Registration Form

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		Employer Email	
Mailing Address _			
City		State	Zip Code
Phone		Fax	
Assistant Email (#	All related study materials will be sent to this	emoil)	
		Registration Fee	
The X-Ray A	Assistant Program consists of an 8-hour	course on June 8, 2019 and an Examination on June	e 9, 2019 (for initial licensure ONLY).
X-Ray certification status			Before 5/31/19
Initial course for certification by the Florida Board of Podiatric Medicine		e Florida Board of Podiatric Medicine	\$175.00
Recertification (Florida Board of Podiatric Medicine Certificate PXA #) \$175.00			\$175.00
		Total·	\$
The registro		date, you must register on-site. Cancellations will tify staff before this date will result in a \$50 fee. Payment	uccepted intolyn may 24, 2017.
Visa	Account Number		
Mastercard	rd Expiration Date CVV Security Code		e
American Expr	ress Cardholder Signature		
	Billing Address (if different fro	m above)	
Check Enclose	Check Enclosed Make checks payable to Florida Podiatric Medical Association. Return completed registration form with pay		
	Mail : Florida Poo	liatric Medical Association, 410 North Gadsden Si	treet, Tallahassee, Florida 32301
	E	mail: klambert@fpma.com Fax:	(850) 681 - 0899
		Hotel	
Hyatt Place Coconut Point 23120 Via Villagio Estero, Florida 33928		Register on-line by clicking HERE or via telephone at 1-800-993-4601 Be sure to mention the FPMA Summer 2019	Cut-off Date for Hotel Reservations: May 20, 2019

Conference when making your reservation.

Room rate (single, double occupancy): \$99.00