

Physician Registration Form

Registration Deadline: December 16, 2020

January 14 - January 17, 2021

Please use a separate form for each registrant. Some events may require separate fees. All communication regarding SAM 2021 coming from FPMA or exhibitors who purchase or capture registrant data on-site will be sent to the contact information provided below. **NOTE: Full contact information provided here will be**QR-coded on your badge and available to exhibitors. If you do not wish to disclose this information, do not have exhibitors scan your badge.

| SAM 2021 is a hybrid event. Do you plan to attend in-person at Disney's Coronado Springs Resort or virtually through our online platform? Please check one of the following boxes so we may register you accordingly. | | | | | | |
|---|---|---------------------|----------------------------|--|--|--|
| | Attending In-Person Attending Virtually | | | | | |
| Attend | dee Information | First Name Degree | | | | |
| Last Name | | First Name | Degree | | | |
| Address . | | | | | | |
| City | | State | Zip Code | | | |
| 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 describe: | | | | | | |
| GUEST BADGE Guest badges are limited to 1 per attendee and are only for immediate family members. Badges are required for access into the Exhibit Hall. All guests must be accompanied by a registered SAM attendee. | | | | | | |
| Registration Fees | | | | | | |
| | | By November 27, 202 | 20 After November 27, 2020 | | | |
| | FPMA Member | □ \$0 | □ \$100 | | | |

| | By November 27, 2020 | After November 27, 2020 |
|--------------------------------------|----------------------|-------------------------|
| FPMA Member | □ \$0 | \$100 |
| FPMA Life Member | \$135 | \$235 |
| APMA Member | \$475 | \$575 |
| APMA Life Member | \$250 | \$350 |
| Non-APMA Member | \$975 | \$1,075 |
| Student | \$25 | □ \$25 |
| Resident FPMA/APMA | \$50 | □ \$75 |
| Resident Non-FPMA/Non-APMA | \$150 | □ \$175 |
| Friend of FPMA / Federal Services | □ \$0 | □ \$100 |

Payment Total Registration Amount: Card Number -Visa Mastercard _____ CVV Security Code _____ **American Express** Cardholder Name _____ Cardholder Signature _____ Check Enclosed Billing Address (if different from above) Make checks payable to Florida Podiatric Medical Association Return completed registration form with payment to: Mail: Florida Podiatric Medical Association, Fax: (850) 681 - 0899 410 N. Gadsden St., Tallahassee, FL 32301 Web: FPMASAMCONFERENCE.COM Email: admin@fpma.com Please contact FPMA at 1-800-277-3338 to confirm registration if you do not receive e-mail confirmation within seven (7) business days of submitting application. **PLEASE NOTE:** - In-person attendance at SAM 2021 is limited to 400 attendees. If you are not within the first 400 registrants, you will be registered for virtual attendance and placed on a waiting list in the event of availability for in-person attendance. - 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 December 16, 2020. No refunds available for no-shows or cancellations received after December 16, 2020. Refunds will be processed after the event. **Hotel Information Disney's Coronado Springs Resort Room Rates:** \$194.00 (single/double occupancy) 1000 W. Lake Buena Vista Drive \$244.00 - NEW! Gran Destino Tower Rooms Lake Buena Vista, FL 32830 Reservations: (407) 939 - 4686 Book by December 23, 2020 By registering, you agree to these terms and conditions. SAM 2021 physician attendees will receive a link to the SAM 2021 online conference evaluation within two weeks of the conclusion of the conference, pending all conference fees being paid and attendance verified by FPMA. Once the on-line conference evaluation is completed by an attendee, a Certificate of Attendance based on CECH earned will be available for printing/downloading. **COVID-19 Waiver** I agree that by registering for SAM 2021, I will indemnify and hold harmless Florida Podiatric Medical Association, its volunteers, employees, and others working on behalf of Florida Podiatric Medical Association against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed, or recovered against or from Florida Podiatric Medical Association including loss of life, as a result of the pandemic.



(Date)

(Sign here)