

Podiatric X-Ray Assistant Registration Form

The National APMA Annual Scientific Meeting

July 30, 2022

Atte	endee Informa	tion	Please use a se	eparate form an	nd email addres	ss for each registra	nt.	
Last N	ame			First	Name			
Physic	ian / Employer Name	2] Initial Licensure] <i>Relicensure</i>	PXA No	
Address			City		State_	Z	p Code	
Email Address (required)			Phone (cell)					
Name	on PXA License (if diff	erent from above)						
	Per the Americans With fully. Please describe:			c here if you hav	-		ommodations to participate	
	Boxed lunch will be proindependently.	ovided to all atte	endees. Please	check this box i	f you wish to op	t-out of boxed lunc	h and procure lunch	
R	egistration Fee	es						
		1st Assistant	2nd Assistant	3rd Assistant	Any Assistant (After 07/01/22)	 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. No on-site registration will be available. 		
	Employer IS A MEMBER of FPMA	\$175	\$160	\$140	\$190			
	Employer IS NOT A MEMBER of FPMA	\$190	\$175	\$160	\$205			
	ellation Policy: Cancel ncellations received after					•	ds available for no-shows	
P	ayment							
Tota	al Registration Amou	nt:						
	√isa Mastercard	Card Number				Expiration Date_	CVV	
	American Express	Cardholder NameBilling Address				Signature		
	Check Enclosed							
	ke checks payable to Flourn completed registra	tion form with p			E-mail: admir Fax: (850) 68		FPMA	

Hotel Information

Orlando World Center Marriott 8701 World Center Drive

Mail: Florida Podiatric Medical Society,

410 N. Gadsden St., Tallahassee, FL 32301

Orlando, Florida 32821 **Reservations:** 407-238-8618 Room Rates: \$223.00 (single/double occupancy) Book by June 24, 2022

Web: FPMA.com

Parking:

Attendees not staying on property are subject to a \$25.00 parking fee.