

Physician Registration Form

Required items: Please help us ensure proper food quantity and classroom space. Check all that apply to your attendance.

Please Note: LUNCH and LEARN tickets for Thursday and Saturday sessions are available on Thursday and Friday ONLY at Sponsoring Companies' Exhibit Booths at *no additional cost*. These sessions are limited to 40 tickets per session and are available on a first-come basis (for physicians only, no guests).

**THURSDAY (Check ALL that apply)
May 17, 2018**

- ☐ Thursday Morning — 7:30 - 11:30 AM
Select for 8:00 - 9:30 AM ☐ **Forefoot: Current Trends** ☐ **CrossRoads Extremity System Workshop**
Select for 10:00 - 11:30 AM ☐ **Legends of the Profession** ☐ **Amerx Workshop**
- ☐ Thursday Early Afternoon — 1:00 - 3:00 PM
Select ☐ **Resident Paper Competition** ☐ **Podiatric Dermatology, Dermatological Disease and Melanoma of the Nail**
- ☐ Thursday Late Afternoon PICA LECTURE — 3:30 - 5:30 PM
☐ Yes, I'm attending **PICA Reception** (entry by name tag only at no additional cost) — 5:30 - 6:30 PM
 Are you bringing a registered guest to this event? ☐ Yes ☐ No

**FRIDAY (Check ALL that apply)
May 18, 2018**

- ☐ Friday Morning — 7:30 AM - 12:00 PM
Select for 7:30 - 9:30 AM ☐ **If It Ain't Broke Don't Fix It** ☐ **APMA Breakout Session: 2018 Coding**
Select for 10:00 - 11:30 AM ☐ **What I Brought to the Profession** ☐ **Breakout Session: MIPS, QR and HIPAA**
☐ **Organogenesis Workshop**
- ☐ Yes, I'm attending Friday's Exhibitors' Marketplace for lunch (entry by name tag only at no additional cost).
☐ Friday Afternoon — 1:30 - 5:30 PM
Select for the 1:30 PM Session ☐ **My Favorite Surgical Procedure** ☐ **Bako Workshop**

**SATURDAY (Check ALL that apply)
May 19, 2018**

- ☐ Saturday Morning — 7:30 - 11:30 AM
Select for 9:45 - 11:30 AM ☐ **Patients that Give Me Distress** ☐ **Pinnacle Break Out Session: Practicing and Succeeding**
- ☐ Saturday Afternoon — 1:00 - 3:45 PM

Early Bird Special postmarked before April 5

Postmarked after April 5 — May 10*

Early Bird

After April 5

**OHFAMA or WVPMA
Member**

☐ \$225.00

☐ \$300.00

**Student/Resident/LIFE
MEMBER**

☐ \$50.00

☐ \$50.00

**APMA Member
Non-Ohio State**

☐ \$315.00

☐ \$365.00

Non-Member DPM

☐ \$425.00

☐ \$500.00


Guest/Spouse

☐ \$50.00

☐ \$50.00

**Registration closes on May 10. After May 10, you must register on-site and add an additional \$50 on-site registration fee.*

The contact information should contain the e-mail address where you wish to receive confirmation. Registrations will not be processed without payment. Use a separate form for each registrant.

FIRST NAME	MI	LAST NAME		DEGREE
NICKNAME (Nickname will be on name badge)		I WILL BE BRINGING MY SPOUSE/GUEST. NAME FOR BADGE (\$50 REGISTRATION FEE)		
ADDRESS		CITY	STATE	ZIP
DAYTIME PHONE	FAX	EMAIL	SPECIAL ACCESSIBILITY NEEDS 	
I WILL BE PAYING BY: <input type="checkbox"/> Check or Money Order (please make your check payable to OFAMF) <input type="checkbox"/> Credit Card			MY REGISTRATION COST IS \$	
PAYMENT METHOD: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express				
CREDIT CARD NUMBER		EXPIRATION DATE	3 OR 4 DIGIT SECURITY CODE	
NAME ON CARD		AUTHORIZED SIGNATURE		
BILLING ADDRESS FOR CREDIT CARD:		CITY	STATE	ZIP

**Mail to: The Annual Seminar
1960 Bethel Road, Suite 140
Columbus, OH 43220-1815**

**Fax to 614.457.3375 for credit card only.
Or register online at www.ohfama.org**

