

Physician Registration Form

The 2023 Annual Seminar will feature a one-day virtual seminar on Saturday, April 22 and a two-day in person seminar on May 18-19 at the Columbus Hilton at Easton.

Attendees may register for the virtual seminar (8 CME Hours), two day in person seminar (17 CME Hours), or both events (25 CME Hours) at a special price.

Saturday
April 22, 2023
8 CME Hours
Virtual

Saturday, April 22, 2023 — 7:30 AM - 4:00 PM
Virtual via GoToWebinar

Thursday and Friday
May 18 -19, 2023
17 CME Hours
In Person at the
Columbus Hilton
at Easton

Thursday, May 18, 2023 Morning — 7:30 AM - 11:30 AM
 Thursday, May 18, 2023 Lunch and Learn — 11:30 AM - 1:00 PM
 Thursday, May 18, 2023 Afternoon — 1:00 PM - 5:30 PM (PICA Lecture 3:30 PM - 5:30 PM)
 Yes, I'm attending the Welcome Reception (entry by name tag only at no additional cost) — 5:30 PM – 6:30 PM
 Friday, May 19, 2023 Morning — 7:30 AM - 11:30 AM
 Friday, May 19, 2023 Exhibitor Marketplace Luncheon — 11:30 AM - 1:00 PM
 Friday, May 19, 2023 Afternoon — 1:00 PM - 5:30 PM

	Virtual Only April 22, 2023	In Person Only May 18 - 19, 2023	Both Events Virtual and In Person April 22 and May 18-19, 2023
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OHFAMA Member

\$100.00 \$200.00 \$275.00

Life Member

\$50.00 \$75.00 \$100.00

Student/
Resident Member

\$35.00 \$50.00 \$50.00

APMA Member -
Non-Ohio State

\$125.00 \$250.00 \$350.00

Non-Member DPM


\$200.00 \$350.00 \$525.00

Guest/Spouse

N/A \$50.00 \$50.00

****Registration closes on May 8. After May 8, you must 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:			MY REGISTRATION COST IS
<input type="checkbox"/> Check or Money Order (please make your check payable to OFAMF) <input type="checkbox"/> Credit Card			\$
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



For assistant
Registration,
go to:

ohfama.org