

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)

- ☐ Attending all day Thursday
☐ Attending afternoon PICA LECTURE ONLY
☐ Yes, I'm attending **PICA Reception** (entry by name tag only at no additional cost).
Are you bringing a registered guest to this event? ☐ Yes ☐ No

FRIDAY (Check all that apply)

- ☐ Attending all day Friday
☐ Yes, I'm attending Friday's Exhibitors' Marketplace for lunch (entry by name tag only at no additional cost).

SATURDAY (Check all that apply)

- ☐ Attending Saturday morning:
Please select 9:45 am-11:30 am: ☐ Young Members Track **OR** ☐ Incorporating PT to Deliver Improved Outcomes
☐ Attending Saturday afternoon

Early Bird Special postmarked before April 30

Postmarked after April 30 — May 29*

Early Bird

After April 30

OHFAMA or WVPMA Member

☐ \$200.00

☐ \$275.00

Student/Resident/LIFE MEMBER

☐ \$50.00

☐ \$50.00

APMA Member Non-Ohio State

☐ \$290.00

☐ \$340.00

Non-Member DPM

☐ \$390.00

☐ \$440.00

Guest/Spouse

☐ \$50.00

☐ \$50.00

Centennial Gala Banquet Registration

Annual Seminar Registrant

- ☐ \$50
☐ \$50 Add Guest Name of Guest: _____

Centennial Gala Banquet ONLY

- ☐ \$90
☐ \$50 Add Guest Name of Guest: _____

***Registration closes on May 30. After May 30, you must register on-site and add an additional \$50 on-site registration fee.**

The contact information should contain the 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	
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 OHFAMA) <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 CAARD		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**

