## **Assistant Registration Form**

	Required items: Please help us ensure proper food quantity and classroom space. Check all that apply to your attendance.							
	Check ALL tha	т арріу.						
THURSDAY	ASSISTANTS Program   June 4, 2015   8:00 AM - 5:00 PM   ASPMA Approved 6.5 Hours							
FRIDAY	☐ ASSISTANTS Program   June 5, 2015   8:00 AM - 5:00 PM   ASPMA Approved 6.5 Hours							
	Early Bird Special postmarked before April 30				Postmarked after April 30 — May 30*			
	Early Bird				After April 30			
	Early Bird Thursday Only	Early Bird Friday Only	Early Bir Thursday & I		After April 30 Thursday Only	After April : Friday Onl		
OHFAMA or WVPMA Member Assistant	\$75.00	\$75.00	\$130.	00 [	\$95.00	\$95.0	\$150.00	
Non-Member Assistant	\$105.00	\$105.00	\$170.	00 [	\$125.00	<b>\$125.0</b>	00	
	Centennial Gala Ba	nquet Registratio	on 🗆	\$50.00				
	*Registration closes of	n May 30. After May	30, you must i	egister on-si	te and <u>add an ad</u>	dditional \$50 o	n-site registration fee.	
	The contact informatic cessed without payme	nt. Use a separate		egistrant.	to receive confi	rmation. Regist	trations will not be pro-	
	NICKNAME (Nickname will be on name badge) PLEASE GIVE YO				E YOUR DPM'S NAME			
DERO	ADDRESS			CITY		STATE	ZIP	
	DAYTIME PHONE	FAX		EMAIL		SPECI	AL ACCESSIBILITY NEEDS	
	I WILL BE PAYING BY:  Check or Money Order (please make your check payable to OHFAMA)				MY REGISTRATION COST IS \$			
	PAYMENT METHOD:  MasterCard Visa Discover American Express							
	CREDIT CARD NUMBER			EXPIRATION DATE 3 OR 4 DIGIT SECURITY CODE				
	NAME ON CAARD			AUTHORIZED SIGNATURE				
	BILLING ADDRESS FOR CREDI	T 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