

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)

June 8, 2017

- Thursday Morning
Please select for 10:00 - 11:30 AM Sports Medicine Amerx Workshop
- Thursday Early Afternoon
Please select for 1:00 - 3:00 PM Resident Paper Competition APMA Break Out Session: 2017 Coding
- Thursday Late Afternoon PICA LECTURE
- 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)

June 9, 2017

- Friday Morning
Please select for 8:30 - 9:30 AM Interesting Diabetic Cases PICA Break Out Session: Cyber Security
- Yes, I'm attending Friday's Exhibitors' Marketplace for lunch (entry by name tag only at no additional cost).
- Friday Afternoon
Please select for 1:30 - 3:30 PM Metabolic Issues in the Surgical Patient Bako Workshop

SATURDAY (Check ALL that apply)

June 10, 2017

- Saturday Morning
Please select for 9:45 - 11:30 AM Surgical Trends Pinnacle Break Out Session: Practice Expansion
- Saturday Afternoon

Early Bird Special postmarked before April 28

Postmarked after April 28 — May 31*

Early Bird

After April 28

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

**Registration closes on May 31. After May 31, 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:				MY REGISTRATION COST IS	
<input type="checkbox"/> Check or Money Order (please make your check payable to OFAMF/OHFAMA) <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**

