

Assistant Registration Form

Please note that this is a Virtual Seminar ONLY.

Each session will be streamed so assistants may earn up to 14.5 CE Hours for the seminar depending on what is attended. Complete virtual seminar details will be sent in early May with instructions on how to login.

**Thursday
May 14, 2020**

ASSISTANTS Program | May 14, 2020 | 8:00 AM - 5:30 PM

**Friday
May 15, 2020**

ASSISTANTS Program | May 15, 2020 | 7:30 AM - 5:30 PM

Early Bird Special
postmarked before April 10

Postmarked after April 10 — May 11**

	Early Bird Thursday Only	Early Bird Friday Only	Early Bird Thursday & Friday	*After April 10 Thursday Only	*After April 10 Friday Only	*After April 10 Thursday & Friday
OHFAMA or WVPMA Member Assistant	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$185.00
OHFAMA Non-Member Assistant	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$280.00	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$305.00

**Registration closes on May 11. After May 11, 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)			PLEASE GIVE YOUR DPM'S NAME		
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

