

# Assistant Registration Form

Required items: Please help us ensure proper food quantity and classroom space. Complete all fields that apply to your attendance.

**Thursday  
May 16, 2024**

ASSISTANTS Program | 8:00 AM – 5:00 PM

**Friday  
May 17, 2024**

ASSISTANTS Program | 7:30 AM – 5:30 PM

**Early Bird Special  
postmarked before April 20\***

**Postmarked after April 21\***

	Early Bird Thursday Only	Early Bird Friday Only	Early Bird Thursday & Friday	*After April 21 Thursday Only	*After April 21 Friday Only	*After April 21 Thursday & Friday
<b>OHFAMA Member Assistant</b>	<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
<b>OHFAMA Non-Member Assistant</b>	<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 7. After May 7, 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](http://www.ohfama.org)

