

# 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: <input type="checkbox"/> Check or Money Order (please make your check payable to OFAMF/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 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)**

