

# Assistant Registration Form

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

**Friday  
May 18, 2018**

☐ ASSISTANTS Program | May 18, 2018 | 8:00 AM – 5:30 PM | ASPMA Approved 6.75 Hours

**Early Bird Special** postmarked before April 5

**Postmarked after April 5 — May 10\***

**Early Bird**

**After April 5**

**OHFAMA or WVPMA  
Member Assistant**

☐ \$75.00

☐ \$95.00


**Non-Member Assistant**

☐ \$105.00

☐ \$125.00

*\*Registration closes on May 10. After May 10, 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: <input type="checkbox"/> Check or Money Order (please make your check payable to OFAMF) <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)

