

**Indiana Podiatric Medical Association — 2010 Fall Convention**

**ADVANCE REGISTRATION FORM**

NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE & ZIP CODE : \_\_\_\_\_

OFFICE TELEPHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail : \_\_\_\_\_

OFFICE STAFF NAMES : \_\_\_\_\_

I give the Indiana Podiatric Medical Association permission to \_\_\_ fax me and/or \_\_\_ email me at the address/fax number above.

Doctors and Assistants Registration Fee includes Educational Sessions, Continental Breakfast and Breaks each day plus Friday Lunch and Saturday Recognition Lunch. **(PLEASE CIRCLE CATEGORY AND AMOUNT FOR WHICH YOU ARE REGISTERING)**

<u>REGISTRATION FEES:</u>	<u>BEFORE 9/14/10</u>	<u>AFTER 9/14/10</u>
IPMA MEMBER	\$425	\$450
APMA MEMBER	475	500
NON-MEMBER	1000	1050
*LIFE MEMBERS	75	100
*RESIDENTS & STUDENTS	00	25
<b>ASSISTANTS' GENERAL PROGRAM:</b>		
IPA OR ASPMA MEMBER	200	225
NON-IPA OR ASPMA MEMBER	225	250

**Return form to:**

Indiana Podiatric Medical Association  
101 W. Ohio St. Suite 780  
Indianapolis IN 46204  
Fax: 317-222-3849

**ASSISTANTS, REVIEW COURSE FOR THE ASPMA CLINICAL EXAMINATION:** ASPMA MEMBERS ONLY (The Registration Fee includes Educational Sessions, Continental Breakfast and Breaks each day plus Friday Lunch and Saturday Recognition Lunch)

Clinical Course with Exam                      265                      n/a

YOU MUST ENCLOSE A COPY OF YOUR MEMBERSHIP CARD WITH THIS APPLICATION IF YOU ARE REGISTERING FOR THE EXAM.

\*(Life Members and Resident categories do not include meal charges or social function charges. This fee is for scientific sessions only.)

INDIVIDUAL FOOD FUNCTION PRICES:

Pay only if you do not plan to attend any other functions. These are included in the registration fee listed above except for Life Members and Residents.

<u>REGISTRATION FEES:</u>	<u>BEFORE 9/14/10</u>	<u>AFTER 9/14/10</u>
FRIDAY LUNCH	40	50
SATURDAY RECOGNITION LUNCH	55	65

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

NAMES OF ASSISTANTS REGISTERING FOR PMAC CLINICAL REVIEW COURSE AND EXAMINATION:  
\_\_\_\_\_

**PAYMENT METHOD:** Payment type (check one). Registration will not be processed unless accompanied by full payment.

Check enclosed: \_\_\_      MasterCard: \_\_\_      Visa: \_\_\_      Discover: \_\_\_

\_\_\_\_\_ plus Three Digit Card Identification Data (on back of card) & Expiration Date

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_