

# 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)

- ☐ Thursday Morning  
☐ Thursday Afternoon  
**Please select** ☐ Resident Paper Competition ☐ Amerx Workshop  
☐ Attending afternoon PICA LECTURE ONLY  
☐ 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)

- ☐ Friday Morning  
☐ Yes, I'm attending Friday's Exhibitors' Marketplace for lunch (entry by name tag only at no additional cost).  
☐ Friday Afternoon  
**Please select 1:30-3:30 pm** ☐ Forefoot Surgery Session ☐ Bako Workshop

## SATURDAY (Check ALL that apply)

- ☐ Saturday Morning:  
☐ Saturday Afternoon

**Early Bird Special** postmarked before April 26

**Postmarked after April 26 — May 27\***

### Early Bird

### After April 26

**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 27. After May 27, 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)		I WILL BE BRINGING MY SPOUSE/GUEST. NAME FOR BADGE	
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 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)**

