

Assistant Registration Form

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

Check ALL that apply.

FRIDAY

☐ ASSISTANTS Program | June 10, 2016 | 7:30 AM – 5:30 PM | ASPMA Approved 7.5 Hours

Early Bird Special postmarked before April 26

Postmarked after April 26 — May 27*

Early Bird

After April 26

**OHFAMA or WVPMA
Member Assistant**

☐ \$75.00

☐ \$95.00


Non-Member Assistant

☐ \$105.00

☐ \$125.00

**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)		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 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**

