

Assistant Registration Form

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

**Thursday
May 12, 2022**

ASSISTANTS Program | 8:00 AM – 5:00 PM

**Friday
May 13, 2022**

ASSISTANTS Program | 7:30 AM – 5:00 PM


**Early Bird Special
postmarked before April 15***

Postmarked after April 15 – May 7**

| | Early Bird Thursday Only | Early Bird Friday Only | Early Bird Thursday & Friday | *After April 15 Thursday Only | *After April 15 Friday Only | *After April 15 Thursday & Friday |
|--|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|---|
| OHFAMA Member Assistant | <input type="checkbox"/> \$ 85.00 | <input type="checkbox"/> \$ 85.00 | <input type="checkbox"/> \$160.00 | <input type="checkbox"/> \$110.00 | <input type="checkbox"/> \$110.00 | <input type="checkbox"/> \$185.00 |
| OHFAMA Non-Member Assistant | <input type="checkbox"/> \$145.00 | <input type="checkbox"/> \$145.00 | <input type="checkbox"/> \$280.00 | <input type="checkbox"/> \$170.00 | <input type="checkbox"/> \$170.00 | <input type="checkbox"/> \$305.00 |

**Registration closes on May 7. After May 7, 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: | | | | MY REGISTRATION COST IS | |
| <input type="checkbox"/> Check or Money Order (please make your check payable to OFAMF) <input type="checkbox"/> Credit Card | | | | \$ | |
| 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

