Physician Registration Form

	The 2024 Annual Seminar will feature a one-day virtual seminar on Saturday, April 20, and a two-day in person seminar on May 16-17 at the Columbus Hilton at Easton. Attendees may register for the virtual seminar (8 CME Hours), two day in person seminar (17 CME Hours), or both events (25 CME Hours) at a special price.			
SATURDAY April 20, 2024 8 CME Hours Virtual	Saturday, April 20, 2024 — 7:00 AM - 4:00 PM Virtual via GoToWebinar PICA Lecture 11:30 AM - 1:30 PM			
THURSDAY AND FRIDAY May 16 - 17, 2024 17 CME Hours In Person at the Columbus Hilton at Easton	Thursday, May 16, 2024 Morning — 7:30 AM - 11:30 AM Thursday, May 16, 2024 Lunch and Learn — 11:30 AM - 1:00 PM Thursday, May 16, 2024 Afternoon — 1:00 PM - 5:30 PM Yes, I'm attending the Welcome Reception (entry by name tag only at no additional cost). — 5:30 PM – 6:30 PM FRIDAY, MAY 17, 2024 (CHECK ALL THAT APPLY) Please select for Friday, May 17, 2024 Early Morning Stuff Happens: How to Make the Most of Bad Outcomes and Complications APMA Breakout Session: 2024 Coding Please select for Friday, May 17, 2024 Late Morning Difficult Patients, Conditions, and Decisions: How to Optimize Their Management Breakout Session: 2024 Coding Yes, I'm attending Friday's Exhibitor's Marketplace for lunch (entry by name tag only at no additional cost). Please select for Friday, May 17, 2024 Afternoon Ankle Arthritis, TAR, Sports Injury and Recovery Al in Lower Extremity Dermatology and Podiatric Misdiagnoses Resulting in Malignancies The HIPAA Right of Access Rule			
	Virtual Only April 20, 2024	In Person C	Only May 16-17, 2024	oth Events Virtual and In Person April 20 and May 16-17, 2024
OHFAMA Member	\$100.00		\$200.00	\$275.00
Life Member	\$50.00		\$75.00	\$100.00
Student / Resident Member	\$35.00		\$50.00	\$50.00
APMA Member Non Ohio State	\$125.00		\$250.00	\$350.00
Non-Member DPM	\$200.00		\$350.00	\$525.00
Guest/Spouse	□ NA		\$50.00	\$50.00
	**Registration closes on May 7. After May 7, you must <u>add an additional \$50 on-site registration fee.</u>			
•••	The contact information should contain the e-mail address where you wish to receive confirmation. Registrations will not be processed without payment. Use a separate form for each registrant.			
OHIO	FIRST NAME	MI LAST NAM	IE .	DEGREE
	NICKNAME (Nickname will be on name badge)	I WILL BE	BRINGING MY SPOUSE/GUEST. NAME FOR BADGE (\$5	O REGISTRATION FEE)
	ADDRESS		CITY	STATE ZIP
	DAYTIME PHONE FAX		EMAIL	SPECIAL ACCESSIBILITY NEEDS
	I WILL BE PAYING BY:	. 05445		MY REGISTRATION COST IS
	Check or Money Order (please make your check payable to OFAMF) Credit Card \$ PAYMENT METHOD:			
	☐ MasterCard ☐ Visa ☐ Discover ☐ American E ☐ CREDIT CARD NUMBER ☐ CREDIT CARD NUMBER ☐ CREDIT CARD NUMBER ☐ 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 As. The Americal Coming			
	Mail to: The Annual Seminar 1960 Bethel Road, Suite 140 Or register online at young obfame and			

Columbus, OH 43220-1815

Fax to 614.457.3375 for credit card only. Or register online at www.ohfama.org