



Science & Management Symposium

January 9 - January 13, 2018

Physician Registration Form

Please use a separate form for each registrant. Some events may require separate fees.

Last Name _____ First Name _____ Degree _____

Address _____

City _____ State _____ Zip Code _____

Phone (daytime) _____ Phone (cell) _____

Email (required to register) _____ License No. _____ APMA No. _____

General Sessions include general lectures, coffee breaks, luncheons, and Exhibit Hall access

	FPMA Member	FPMA Life Member	APMA Member	APMA Life Member	Non-APMA Member	Student	Resident FPMA/APMA	Resident Non FPMA/Non APMA
Before Nov. 16, 2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$0	\$135	\$475	\$250	\$975	\$25	\$50	\$150
After Nov. 16, 2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$100	\$235	\$575	\$350	\$1,075	\$25	\$75	\$175

GUEST BADGE check to reserve

Guest badges are limited to 1 per attendee and are only for immediate family members. Badges are required for access into the Exhibit Hall. All guests must be accompanied by a registered SAM attendee.

December 28, 2018

Last day to register
Last day for cancellations
(failure to notify staff before this date will result in \$50 fee)

Comments / special needs _____

PAYMENT

Please contact FPMA at 1-800-277-3338 to confirm registration if you do not receive e-mail confirmation within seven (7) business days of submitting application.

Visa Account Number _____

Mastercard Expiration Date _____ CVV Security Code _____

American Express Cardholder Name _____ Cardholder Signature _____

Check Enclosed Billing Address (if different from above) _____

Make checks payable to **Florida Podiatric Medical Association**. Return completed registration form with payment to:

Mail: Florida Podiatric Medical Association, 410 North Gadsden Street, Tallahassee, Florida 32301

Email: assistants@fpma.com **Fax:** (850)681-0899 **Web:** SAMCONFERENCE2019.COM

HOTEL INFORMATION

Disney's Coronado Springs Resort
1000 W. Lake Buena Vista Drive
Lake Buena Vista, FL 32830
Reservations: (407) 939-4686

Room rate: \$185
Mention SAM 2019 when booking
Book by December 18, 2018

