



# Science & Management Symposium

January 9 - January 13, 2018

Assistant Registration Form

Please use a separate form for each registrant.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Physician/Employer Name \_\_\_\_\_ PXA No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email (required\*) \_\_\_\_\_ Phone \_\_\_\_\_

\*Links to the initial X-Ray Assistant test study materials and on-site updates will be sent to the provided email address.

Front Office/Back Office Assistant Program	1st Assistant	2nd Assistant	3rd Assistant	Any Assistant
	Before 11/16/18	Before 11/16/18	Before 11/16/18	After 11/16/18
Front Office Assistant	<input type="checkbox"/> \$145	<input type="checkbox"/> \$130	<input type="checkbox"/> \$110	<input type="checkbox"/> \$160
Back Office Assistant	<input type="checkbox"/> \$145	<input type="checkbox"/> \$130	<input type="checkbox"/> \$110	<input type="checkbox"/> \$160

Both programs include lectures, coffee breaks, lunch on Saturday and Exhibit Hall access

**December 28, 2018**

Last day to register

Last day for cancellations

(failure to notify staff before this date will result in \$50 fee)

Podiatric X-Ray Assistant Program	1st Assistant	2nd Assistant	3rd Assistant	Any Assistant
	Before 11/16/18	Before 11/16/18	Before 11/16/18	After 11/16/18
Initial course for certification by Florida Board of Podiatric Medicine	<input type="checkbox"/> \$160	<input type="checkbox"/> \$145	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175
Recertification: Florida Board of Podiatric Medicine Certificate	<input type="checkbox"/> \$160	<input type="checkbox"/> \$145	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175

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

