

Last Name		First Name			
Physician/Employer	Name			PXA No	
Address	City		State	Zip Code	
Email (required*)			Pho	ne	
*Links	to the initial X-Ray Assistant test stu	dy materials and on-site u	pdates will be sent to the	provided email address.	
	Front Office/Back Office Assistant Program		Both programs include lectures, coffee breaks, lunch on Saturday and Exhibit Hall access		
	t Office Assistant Office Assistant	\$160 \$160		December 28, 2018 Last day to register Last day for cancellations staff before this date will result in \$50 fee)	
	Podiatric X-Ray Assistant Program		Comments / special needs		
certifi	course for cation by Florida I of Podiatric cine	\$175			
Recertification: Florida Board of Podiatric Medicine		\$175			
		PAYMENT			
Please con	tact FPMA at 1-800-277-3338 to confirm registr	ration if you do not receive e-mail	confirmation within seven (7) bus	siness days of submitting application.	
Visa	Account Number				
Mastercard	Expiration Date	piration Date CW Security Cod		y Code	
American Expres	ss Cardholder Name	Cardholder Name Cardholder Signature			
Check Enclosed	Billing Address (if different fro	illing Address (if different from above)			
	Make checks payable to Flo	orida Podiatric Medical A	ssociation. Return comp	leted 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			DNFERENCE2019.COM	
		HOTEL INFORMAT	ΓΙΟΝ		
	Disney's Coronado Sprin 1000 W. Lake Buena Vista Lake Buena Vista El (sta Drive Mer	Room rate: \$185		