



# Science & Management Symposium

January 15 - January 19, 2020

Podiatric X-Ray 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.

Program includes lectures, coffee breaks, lunch on Saturday and Exhibit Hall access

### Podiatric X-Ray Assistant Program

	1st Assistant Before 11/22/19	2nd Assistant Before 11/22/19	3rd Assistant Before 11/22/19	Any Assistant After 11/22/19
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	<input type="checkbox"/> \$160	<input type="checkbox"/> \$145	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175

### Comments / special needs

---

---

---

---

---

---

---

---

---

---

### December 20, 2019

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

### 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:** FPMASAMCONFERENCE.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: \$194  
Mention SAM 2020 when booking  
Book by December 24, 2019

