

Science & Management Symposium

January 15 - January 19, 2020

Office Assistant Registration Form

Please use a separate form for each registrant.

.ast N	Name				Fir	st Name			
Physician/Employer Name							PXA No		
Address				_ City			State	Zip Code	
mail (required*)							Phone		
	Program includes lectures, coffee breaks, lunch on Saturday and Exhibit Hall access								
	Office Assistant	1st Assistant	2nd Assistant	3rd Assistant	Any Assistant		Com	ments / special needs	
	Program	Before 11/22/19	Before 11/22/19	Before 11/22/19	After 11/22/19	_			
	Front Office Assistant	\$145	\$130	\$110	\$160				
	Back Office Assistant	\$145	\$130	\$110	\$160	_			
	December 20, 2019 Last day to register Last day for cancellations (failure to notify staff before this date will result in \$50 fee)								
PAYMENT									
Ple	ease contact FPM	IA at 1-800-277	-3338 to confirr	n registration if	you do not rece	ive e-mail confirmat	ion within seven (7) business days of submitting application.	
Visa Account Number									
	Mastercard		Expiration Date				_ CVV Security	y Code	
	American Expre	ess Car	Cardholder Name Cardholder Signature						
_ c	Check Enclosed	g Billi	ng Address (if	SS (if different from above)					
	Make checks payable to Florida Podiatric Medical Association. Return completed registration form with payment								
	Mail: Florida Podiatric Medical Association, 410 North Gadsden Street, Tallahassee, Florida 32301								
			ail: assistants@			Fax: (850)681-0899 Web: FPMASA		AMCONFERENCE.COM	

HOTELINFORMATION

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

