



Physician Registration Form

**Registration Deadline:
December 23, 2021**

January 26 - January 30, 2022

Please use a separate form for each registrant. Some events may require separate fees. All communication regarding SAM 2022 coming from FPMA or exhibitors who purchase or capture registrant data on-site will be sent to the contact information provided below.

NOTE: Contact information provided here will be sent to exhibitors and sponsors. If you do not wish to give access to this information, please check the box. Opt out of email communications with exhibitors and sponsors.

Attendee Information

Last Name _____ First Name _____ Degree _____

Address _____

City _____ State _____ Zip Code _____

Phone (daytime) _____ Phone (cell) _____

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

Additional Information

Per the Americans With Disabilities Act of 1990, check here if you have a disability and may require accommodations to participate fully. Please describe: _____

GUEST BADGE 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.
(Check to reserve)

Registration Fees

	By November 23, 2021	After November 23, 2021
FPMA Member	<input type="checkbox"/> \$0	<input type="checkbox"/> \$100
FPMA Life Member	<input type="checkbox"/> \$135	<input type="checkbox"/> \$235
APMA Member	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575
APMA Life Member	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Non-APMA Member	<input type="checkbox"/> \$975	<input type="checkbox"/> \$1,075
Student	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
Resident FPMA/APMA	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75
Resident Non-FPMA/Non-APMA	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175
Friend of FPMA / Federal Services	<input type="checkbox"/> \$0	<input type="checkbox"/> \$100

Please complete the form on the following page.

Payment

Total Registration Amount: _____

<input type="checkbox"/> Visa	Card Number _____
<input type="checkbox"/> Mastercard	Expiration Date _____ CVW Security Code _____
<input type="checkbox"/> American Express	
<input type="checkbox"/> Check Enclosed	Cardholder Name _____ Cardholder Signature _____
	Billing Address (if different from above) _____

Make checks payable to Florida Podiatric Medical Society

Return completed registration form with payment to:

Mail: Florida Podiatric Medical Society,
410 N. Gadsden St., Tallahassee, FL 32301
Email: admin@fpma.com

Fax: (850) 681 - 0899
Web: FPMASAMCONFERENCE.COM

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.

PLEASE NOTE:

- Educational topics are subject to change as the program schedule develops.
- All registration fees must be paid in full, in advance.
- Payment must be received with your registration form.
- Registrations without complete payment will not be processed.

Cancellation Policy: Cancellation requests must be made in writing and received by December 23, 2021. No refunds available for no-shows or cancellations received after December 23, 2021. Refunds will be processed after the event.

Hotel Information

Hyatt Regency Orlando
9801 International Drive
Orlando, Florida 32819
Reservations: 402-593-5048

Room Rate:
\$229.00 (single/double occupancy)
Book by January 3, 2022

Parking:
Discounted self-parking of \$10.00 for one car per occupied guestroom is included in the guestroom rate. Drive in parking will be at the prevailing rate, currently \$27.00 for self-parking and \$40.00 for valet parking.

By registering, you agree to these terms and conditions. SAM 2022 physician attendees will receive a link to the SAM 2022 online conference evaluation within two weeks of the conclusion of the conference, pending all conference fees being paid and attendance verified by FPMA. Once the on-line conference evaluation is completed by an attendee, a Certificate of Attendance based on CECH earned will be available for printing/downloading.

COVID-19 Waiver

I agree that by registering for SAM 2022, I will indemnify and hold harmless Florida Podiatric Medical Association, its volunteers, employees, and others working on behalf of Florida Podiatric Medical Association against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed, or recovered against or from Florida Podiatric Medical Association including loss of life, as a result of the pandemic.

(Sign here)

(Date)