## **Physician Registration Form**

Please note that this is a Virtual Seminar ONLY.

	Each session will be streamed so physicians may earn up to 23 CECH for the seminar depending on what is attended. Complete virtual seminar details will be sent in early May with instructions on how to login.					
THURSDAY (Check ALL that apply) May 14, 2020	<ul> <li>Thursday Morning — 7:30 AM - 11:30 AM</li> <li>☐ 7:30 - 10:00 AM — Opioid Prescribing, Pain Management and Alternatives to Narcotics</li> <li>☐ 8:00 - 9:30 AM — Improving Patient Care While Avoiding Physician Burnout; Necessary Changes to Succeed in Private Practice</li> <li>☐ 10:00 - 11:30 AM — APMA Breakout Session: Coding and Documentation</li> <li>☐ 10:30 - 11:30 AM — Wounds that Kill</li> <li>☐ Thursday Early Afternoon — 1:00 PM - 3:00 PM</li> <li>Please select</li> <li>☐ Resident Paper Competition</li> <li>☐ APMA Breakout Session: Coding and Documentation (Continued)</li> </ul>					
	<ul> <li>☐ Thursday Late Afternoon PICA LECTURE — 3:30 PM - 5:30 PM</li> <li>☐ Yes, I'm attending The Podiatry Foundation Welcome Reception</li> </ul>					
FRIDAY (Check ALL that apply) May 15, 2020	Friday Morning − 7:30 AM - 11:30 AM					
	Please select A Comprehensive Review of Diabetes Audit and Documentation Tips to Meet Guidelines for Podiatry					
SATURDAY (Check ALL that apply)  May 16, 2020	☐ Saturday — (Check ALL that apply☐ Saturday Morning — 9:45 AM - 11:3☐ Saturday Afternoon		☐ The A	nkle Vascular Presentation	S	
	Early Bird Special postmarked before April 10			Postmarked after April 10— May 11*		
OUEANA MUUDAA	Early Bird			After April 10		
OHFAMA or WVPMA Member	\$230.00			\$300.00		
Student/Resident/LIFE MEMBER	\$50.00			\$50.00		
APMA Member Non-Ohio State	\$315.00			\$365.00		
Non-Member DPM	\$475.00			\$550.00		
Guest/Spouse	\$50.00			\$50.00		
	*Registration closes on May 11. After May 11, you must register on-site and add an additional \$50 on-site registration fee.  The contact information should contain the e-mail address where you wish to receive confirmation. Registrations will not be processed without payment. Use a separate form for each registrant.  FIRST NAME  MI LAST NAME  DEGREE					
OHÌO	FIRST NAME	MI	LAST NAI	NE .		DEGREE
	NICKNAME (Nickname will be on name badge)		I WILL BE	BRINGING MY SPOUSE/GUEST. NAME FOR	BADGE (\$50 REGIS	TRATION FEE)
	ADDRESS			CITY	STATE	ZIP
	DAYTIME PHONE FAX			EMAIL	SPECIAL ACC	CESSIBILITY NEEDS
	I WILL BE PAYING BY:  Check or Money Order (please make your check payable to OFA PAYMENT METHOD:			MY REGISTRATION COST IS		
				erican Express EXPIRATION DATE 3 OR 4 DIGIT SECURITY CODE		
	NAME ON CARD			AUTHORIZED SIGNATURE		
	BILLING ADDRESS FOR CREDIT CARD:			СІТУ	STATE	ZIP
	Mail to: The Annual Seminar					

Mail to: The Annual Seminar 1960 Bethel Road, Suite 140 Columbus, OH 43220-1815

Fax to 614.457.3375 for credit card only. Or register online at www.ohfama.org