Physician Registration Form

	The 2025 Annual Seminar will feature a one-day virtual seminar on Saturday, April 26 , and a two-day in person seminar on May 15-16 at the Columbus Hilton at Easton. Attendees may register for the virtual seminar (8 CME Hours), two day in person seminar (17 CME Hours), or both events (25 CME Hours) at a special price.					
SATURDAY April 26, 2025 8 CME Hours Virtual	 Saturday, April 26, 2025 — 7:30 AM - 4:00 PM Virtual via GoToWebinar PICA Lecture — 11:30 AM - 12:45 PM 					
THURSDAY AND FRIDAY May 15 - 16, 2025 17 CME Hours In Person at the Columbus Hilton at Easton	Thursday, May 15, 2025 (Check ALL that apply) Thursday Early Morning — 7:30 AM - 9:30 AM Thursday Late Morning — 10:00 AM - 11:30 AM Innovative Techniques and Reconstruction Options Breakout Workshop: New Evidenced-Based Wound Care Treatment O Thursday Lunch and Learn — 11:30 AM - 1:00 PM Thursday Early Afternoon — 1:00 PM - 3:00 PM Resident Scientific Paper and Poster Competitions Thursday Late Afternoon — 3:30 PM - 5:30 PM Friday, May 16, 2025 (Check ALL that apply) Friday Early Morning What's New and Different? — 7:30 AM - 9:00 AM Friday Early Morning Foot and Ankle Medical Management — 9:30 AM - 11:30 AM Yes, I'm attending Friday's Exhibitor's Marketplace for lunch (entry by nam Friday Late Afternoon — 1:00 PM - 2:30 PM Eriday Late Afternoon — 1:00 PM - 2:30 PM		 Breakout Session APMA Breakout Session Breakout Session Breakout Session 	 Breakout Session: Biopsy Workshop APMA Breakout Session: 2025 Coding— 7:30 AM - 9:30 AM Breakout Session: 2025 Coding— 10:00 AM - 11:30 AM 		
	Virtual Only April 26, 2025	In Person Only May	y 15-16, 2025 B	Both Events Virtual an April 26 and May		
OHFAMA Member	\$100.00	\$200.0	00	\$275.00		
Life Member	\$50.00	\$75.0	00	\$100.00		
Student / Resident Member	\$35.00	\$50.0	00	\$50.00		
APMA Member Non Ohio State	\$125.00	\$250.0	00	\$350.00		
Non-Member DPM	\$200.00	\$350.0	00	\$525.00		
Guest/Spouse	NA NA	\$50.0	00	\$50.00		
	**Registration closes on May 8. After May 8, you must	add an additional \$50 on-site i	registration fee.			
OHÌO	The contact information should contain the e-mail address where you wish to receive confirmation. Registrations will not be processed without payment. <i>Use a separate form for each registrant</i> .					
	FIRST NAME	MI LAST NAME		DEGRI	ĒĒ	
	NICKNAME (Nickname will be on name badge)	I WILL BE BRINGING MY	Y SPOUSE/GUEST. NAME FOR BADGE (\$50 REGISTRATION FEE)		
	ADDRESS	CITY		STATE ZIP		
	DAYTIME PHONE FAX	EMAIL		SPECIAL ACCESSIBILITY N	EEDS	
	I WILL BE PAYING BY: Check or Money Order (please make your check payable to OFAMF) Credit Card PAYMENT METHOD:		MY REGISTRATION COST IS \$			
	MasterCard Visa Discover American Express CREDIT CARD NUMBER SOR 4 DIGIT SECURITY CODE					
	BILLING ADDRESS FOR CREDIT CARD:		· · · · · · · · · · · · · · · · · · ·	STATE ZIP		
	Mail to: The Annual Seminar Fax to 614.457.3375 for credit card only. 1960 Bethel Road, Suite 140 Or register online at www.ohfama.org Columbus, OH 43220-1815 Or register online at www.ohfama.org					