## Registration

## 2025 Wound Care Seminar AND/OR OHFAMA Annual Business Meeting:

This seminar has been approved for **6 CME Category I Hours** and registrants may attend the seminar, the annual business meeting or both. Please register accordingly below.

Location • Embassy Suites Columbus - Airport, 2886 Airport Dr, Columbus, OH 43219

Wound Care Seminar - November 8, 2025 • 7:00 AM – 2:00 PM OHFAMA Annual Business Meeting - November 8, 2025 • 2:30 PM – 5:00 PM

Full Name:	Preferred First Name:			
Company/Clinic Name				
Address:				
City:	State:	Zip:		
Business Phone:		Fax #:		
E-Mail:	Website:			
2025 OFAMF Wound Care Se	minar - Please Mark 0	ne (add \$25 late fee after	r November 3, 2025):	
OHFAMA/WVPMA Membe	er - \$100 No	on- Member - \$200		
APMA Member Out of Stat	te - \$125 St	udent/Resident/Life Mei	mber - \$35	
Non-Podiatrist - Assistan	t/Staff - \$75 No	ot attending the Wound C	Care Seminar	
2025 OHFAMA Annual Busin	ess Meeting - Please N	lark One (no registration	ı fee):	
Yes, I am attending the An	nual Business Meeting			
No, I am NOT attending th	e Annual Business Me	eting		
□ Check payable to Ohio Foot a	and Ankle Medical Found	lation (OFAMF)		
□ American Express □ Discov	er Card 🗆 MasterCard	□ VISA		
Amount Authorized: \$Account Number:				
Expiration Date:Se	ecurity Code:	<u> </u>		
Name as printed on Credit Card				
Billing Address of Credit Card:				
Signature:		Date:		

## Please email, mail or fax form with payment to:

OFAMF, 1960 Bethel Rd Ste 140, Columbus, OH 43220

Phone: (614) 457-6269, Fax: (614) 457-3375 or email: lridolfo@ohfama.org