Physician Registration Form

The 2026 Annual Seminar will feature a one-day virtual seminar on Saturday, April 18, and a two-day in person seminar on May 14-15 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 18, 2026
8 CME Hours Virtual

- ☐ **Saturday, April 18, 2026 — 7:30 AM - 4:00 PM Virtual via GoToWebinar**
- ☐ **PICA Lecture — 11:30 AM - 12:45 PM**

THURSDAY AND FRIDAY
May 14 - 15, 2026
17 CME Hours In Person at the Columbus Hilton at Easton

Thursday, May 14, 2026 (Check ALL that apply)
- ☐ **Thursday Early Morning**
- ☐ **Thursday Late Morning**
- ☐ **Thursday Lunch and Learn**
- ☐ **Thursday Early Afternoon**
- ☐ **Thursday Late Afternoon**

Friday, May 15, 2026 (Check ALL that apply)
- ☐ **Friday Early Morning**
  - ☐ **Forefront of Forefoot and Beyond**   ☐ **APMA Breakout Session: 2026 Coding**
- ☐ **Friday Late Morning**
  - ☐ **Pancake Feet and Food for Thought**   ☐ **APMA Breakout Session: 2026 Coding**
- ☐ **Yes, I'm attending Friday's Exhibitor's Marketplace for lunch (entry by name tag only at no additional cost).**
- ☐ **Friday Early Afternoon**
- ☐ **Friday Late Afternoon**
  - ☐ **MIS and More**   ☐ **Breakout Session: Federal Requirements for Your Practice**

	Virtual Only April 18, 2026	In Person Only May 14-15, 2026	Both Events Virtual and In Person April 18 and May 14-15, 2026
OHFAMA Member	☐ $100.00	☐ $200.00	☐ $275.00
Life Member	☐ $50.00	☐ $75.00	☐ $100.00
Student / Resident Member	☐ $35.00	☐ $50.00	☐ $50.00
APMA Member Non Ohio State	☐ $125.00	☐ $250.00	☐ $350.00
Non-Member DPM	☐ $200.00	☐ $350.00	☐ $525.00
Guest/Spouse	☐ NA	☐ $50.00	☐ $50.00

**Registration closes on May 8. After May 8, you must 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

NICKNAME (Nickname will be on name badge) | I WILL BE BRINGING MY SPOUSE/GUEST. NAME FOR BADGE ($50 REGISTRATION FEE)

ADDRESS | CITY | STATE | ZIP

DAYTIME PHONE | FAX | EMAIL | SPECIAL ACCESSIBILITY NEEDS

I WILL BE PAYING BY:
- ☐ Check or Money Order (please make your check payable to OFAMF)   ☐ Credit Card
- *MY REGISTRATION COST IS* $

PAYMENT METHOD:
- ☐ MasterCard   ☐ Visa   ☐ Discover   ☐ American Express

CREDIT CARD NUMBER | EXPIRATION DATE | 3 OR 4 DIGIT SECURITY CODE

NAME ON CARD | AUTHORIZED SIGNATURE

BILLING ADDRESS FOR CREDIT CARD: | CITY | STATE | ZIP

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