

REGISTRATION

Mail-in registration must be postmarked by January 7, 2019 to qualify for early registration rates. There is an additional \$50 fee for on-site registration.

Instructions

1. Complete all sections. Please type or print.
2. Include your e-mail address and check all events you will be attending.
3. Use a separate form for each registration. If mailing form, a photocopy of the original is acceptable. Copy this form for your records.
4. Mail completed form to CPMA, 1350 Main Street, Suite 1508, Springfield, MA 01103-1670. An electronic acknowledgment will be sent. The registration form may also be faxed to 860.586.7550.
5. Be sure to include proper registration fees.
6. For more information or questions, please call 860.586.7512.

Last Name		First Name	
Preferred First Name for Badge		Title	
Physician/Employer			
Mailing Address			
City		State	Zip
Phone		Fax	E-mail
Emergency Contact		Phone	

Please check here and describe if there are any special accommodations you need in order to participate fully in this conference. CPMA complies with all legal requirements of the ADA, and the rules and regulations thereof. _____

Registration Fee for Doctors and Residents:

Fee includes: two days of sessions, unlimited access to the exhibit hall, breakfasts, lunches, breaks, and the Friday reception.

	Discount On or Before 1/7/19	After 1/5/18
CPMA Member	\$139	\$189
APMA Member	\$325	\$375
Non-DPM (physical therapist, M.D., D.O)	\$325	\$375
Non-APMA Member	\$499	\$550
Residents Full Program	Complimentary	
CPMA Lifetime Member	\$125	
Total Registration Fee: \$ _____		

Registration Fee for Assistants:

Fee includes: the Friday morning Assistants workshop and full access to the other Symposium sessions, meals, and the exhibit hall. (workshop registration limited to 40)

First Assistant	Quantity <u> 1 </u>	\$FREE
Additional Assistants of CPMA/APMA Members	Quantity _____	\$49
Additional Assistants of Non-APMA Members	Quantity _____	\$199

Total Registration Fee: \$ _____

PAYMENT INFORMATION All fees must be paid in full before registration can be confirmed.

If paying by credit card, please use our online payment portal
<http://www.cpma.org/event/2019Symposium>

If paying by check, make check payable to CPMA

Mail form and check to: CPMA 1350 Main Street, Suite 1508, Springfield, MA 01103-1670

*Please keep a copy of this form for your records

Signature _____

GROUP REGISTRATION

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Assistants:

Name	Title	Badge Name
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Name	Title	Badge Name
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Name	Title	Badge Name
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Name	Title	Badge Name
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Name	Title	Badge Name
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