



**American Society of Podiatric Medical Assistants
In Partnership With**

The Podiatry Institute presents

**Footprints in the Sand for Assistants
June 18-20, 2020**

Marriott Resort & Spa Hilton Head, SC

**The Program will offer the ASPMA Radiology Certification Exam.
Must pay for Conference and Exam fee to take the Radiology Exam!**

REGISTRATION, please print

Name _____ PMAC Yes No _____

Practice Name _____

Address _____

City/State/Zip _____

Office Phone _____ Cell phone _____ Fax _____

e-mail address _____

Registration Fee

Refund Policy:

Member Registration \$125.00

\$25.00 non-refundable admin fee

Nonmember Registration \$150.00

Radiology Exam Registration member \$325.00

Radiology Exam Registration nonmember \$600.00

Total: _____

My Check in the amount of \$ _____ Payment enclosed

**Please make check payable to: The Podiatry Institute
Federal Tax ID #58-1906272**

Charge Visa Master Card American Express Discover

Credit Card Number _____ Exp. Date _____ / _____

Cardholder Name _____

Signature _____

Mail Form and Check to:

The Podiatry Institute, 2675 North Decatur Rd. Suite 309, Decatur, GA 30033

If paying by charge card, mail completed form or fax to 404-508-8539