

Seminar Registration Form Student or Resident only

The Podiatry Institute
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The fields on this form can be completed on-line and then printed, or printed and then filled out by hand. After completing the application, promptly fax it to **1-404-508-8539** (You must include the **1** at the beginning of the number).

Name of Seminar: _____

Last Name: _____ First Name: _____

Address: Please check if residential address

street _____ suite # _____

city _____ state _____ zip _____

Phone Number: _____

Email Address: _____ (necessary for confirmation)

Name of school: _____

or

Name of residency director: _____

You will receive a confirmation by email. If you do not receive a confirmation, please call us.