REGISTRATION

Mail-in registration must be postmarked by January 5, 2018 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, 342 North Main Street, Suite 301, West Hartford, CT 06117-2507. An electronic acknowledgment will be sent.
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 1/5/18	After 1/5/18
CPMA Member	◯ $275	◯ $325
AAPSM Member	◯ $275	◯ $325
APMA Member	◯ $325	◯ $375
Non-DPM (physical therapist, M.D., D.O)	◯ $325	◯ $375
Non-APMA Member	◯ $550	◯ $600
Residents Full Program	◯ Complimentary	
CPMA Lifetime Member	◯ $125	

Total Registration Fee: $ 0.00

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)

Assistants of CPMA/APMA Members	Quantity_____	$55
Assistants of Non-APMA Members	Quantity_____	$200

Total Registration Fee: $ 0.00

Clear Fee Choice

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/18Symposium

◯ Calculate Total Amount $ 0.00

If paying by check, make check payable to CPMA
Mail form and check to: CPMA 342 North Main Street, Suite 301, West Hartford, CT 06117

*Please keep a copy of this form for your records

Signature

Group Registration Next Page ▶

GROUP REGISTRATION

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Assistants:

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