PODIATRIC MEDICAL ASSISTANT

REGISTRATION FORM

Early Bird Discount ends Sunday, April 10

Registrant Information Please complete one form per registrant. All communication regarding *The Western* coming from CPMA or exhibitors who purchase or capture registrant data onsite will be sent to the contact information provided.

NOTE: Full contact information provided here will be bar-coded on your badge and available to exhibitors. If you do not wish to disclose this information, do not have exhibitors scan your badge.

2016 THE WESTERN

WESTERN FOOT AND ANKLE CONFERENCE
JUNE 23 – 26, 2016

Disneyland®

Disneyland® Hotel and Convention Center
Anaheim, CA

Last Name _____ First Name _____ ☐ Male ☐ Female Degree (i.e. PMAC) _____ Employer Doctor's Name _____

Mailing Street Address _____ City _____ State/ Province _____ Zip/ Postal Code _____ Country _____

Daytime Phone _____ Mobile Phone for Onsite Contact _____ Email _____

Email to receive CECH transcript, confirmation, receipt and login for eHandouts

☐ Comments/Special Needs _____

General Sessions Includes refreshments & exhibit hall access.	CPMA Member's Assistant	APMA Member's Assistant	Non-Member's Assistant
If received by April 10	$109	$165	$229
If received on or between April 11 & May 15	$139	$195	$259
If received on or between May 16 & June 15	$189	$245	$309
Workshops Must be registered for general sessions. See program for details.			
Take-Home Study Course and Exam: Limited License Leg Review	$99	$119	$129
Anatomy	$109	$129	$139
Casting, Bracing, and Compression	$99	$119	$129
Guest Badges Allows admittance to Exhibit Hall only. Must be accompanied by registered attendee. See page 6 for details.	$25 each x ____ badges = $ ____		
Total			

Payment

Credit Card (complete section below): ☐ Check made out to *CPMA* ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number _____ Exp. Date (mm/yy) ____ / ____ Security Code _____

Name on Card _____ Cardholder's Signature _____

Billing Address if Different from Above (Number only) _____ City _____ State/ Province _____ Zip/ Postal Code _____ Country _____

Mail California Podiatric Medical Association
2430 K Street, Ste 200
Sacramento, CA 95816

Fax (916) 448-0258

Email jsteed@calpma.org

Online TheWestern.org

Policies **By registering you agree to these terms and conditions. Registration confirmations and CECH transcripts will be sent via email. CECH transcripts will be sent by August 31, 2016. No CECH will be sent prior to July 15.** Please allow up to 10 business days for registration processing. If written confirmation is not received, please email jsteed@calpma.org or call (800) 794-8988. If incorrect member type has been selected, you will be contacted prior to processing. Discounted registration must be received by Sunday, April 10, 2016. Late fee begins Monday, May 16, 2016. Pre-registration ends Wednesday, June 15, 2016. Payment must be received to secure registration. Returned checks may incur service charges.

All registration cancellations must be supplied in writing by email, mail or fax and received by Sunday, May 15, 2016 to receive a full refund. Cancellations received on or between Monday, May 16 and Sunday, May 22, 2016 will receive a refund minus a $35 administration fee. No refunds will be issued on or after Monday, May 23, 2016. Refunds are not granted to no-shows. No-shows for complimentary workshops will be charged the regular price of registration.

Space in workshops is limited. Registration policy is first come, first served. Registration must be in writing and cannot be completed over the phone.