

PODIATRIC PHYSICIAN

MEETING REGISTRATION FORM

Use this form to register for The National, or register online at www.apma.org/thenational. The meeting is being provided in-person only.

YOUR INFORMATION

APMA Member Number

Last Name

Formal First Name

Nickname (or First Name) for Badge

Address

City/State or Province/Country

Zip Code or Postal Code

Daytime Phone

Cell Phone

Email

NPI Number

(Note: Physicians' NPI numbers are publicly available. APMA collects this information so that it can be used as needed, e.g., to satisfy Open Payment reporting requirements.)



**REGISTER FOR THE
TEAM APMA 5K FUN RUN**
www.apma.org/teamapma



DALLAS/FORT WORTH • JULY 24–27, 2025

THE NATIONAL

APMA ANNUAL SCIENTIFIC MEETING

ABOUT YOUR INFORMATION

All correspondence concerning The National originating from APMA or supplier vendors who purchase our registrant mailing list will be sent to the address you provide.

NON-CECH LUNCH AND LEARNS

These optional events are made possible at no charge, thanks to corporate sponsors. Space is limited, so register early for these popular events. Information about specific topics, presenters, and sponsors will be available at www.apma.org/thenational in the spring.

THURSDAY / JULY 24

Three non-CECH lunch and learn options are available.

Yes, I would like to attend a lunch and learn on July 24.

FRIDAY / JULY 25

Two non-CECH lunch and learn options are available.

Yes, I would like to attend a lunch and learn on July 25.

SATURDAY / JULY 26

Two non-CECH lunch and learn options are available.

Yes, I would like to attend a lunch and learn on July 26.



DOWNLOAD APMA ENGAGE



to stay connected throughout The National with the most up-to-date information and to make the most of your APMA membership year-round!

Visit www.apma.org/engage to get started.

ANNUAL SCIENTIFIC MEETING REGISTRATION

Check appropriate amount.

	EARLY-BIRD RATE (Through March 28)	REGULAR RATE (March 29–July 22)	ON-SITE RATE (July 23 and After)
APMA Member	\$399	\$649	\$849
APMA Life Member	\$299	\$399	\$399
DPM (Non-APMA Member)	\$949	\$949	\$949
Health-Care Professional	\$949	\$949	\$949
APMA Student/Resident/Fellow Member	Complimentary		
APMA Member Young Physician	\$299	\$399	\$399

EMERGENCY CONTACT

Name _____

Telephone _____

Email _____

ADDITIONAL INFORMATION

Per the Americans With Disabilities Act of 1990, check here if you have a disability and may require accommodations to participate fully. Please describe:

IMPORTANT!

Please check the box below to indicate your agreement to APMA's meeting policies. Your registration will not be processed if this box is not checked.

By registering for this meeting, I agree to all of APMA's registration and meeting policies listed at www.apma.org/TheNationalPolicies.

PAYMENT

REGISTRATION FEE \$ _____

Registration will not be processed unless accompanied by full payment.

Payment type (check one):
 Check enclosed in US dollars (payable to APMA, Inc.) MasterCard
 VISA
 American Express
 Discover

_____ Credit Card Number

_____ Expiration Date _____ Security Code

_____ Name on Card

_____ Authorized Signature

_____ Date

_____ Day Phone of Cardholder



MAIL, EMAIL, OR FAX YOUR COMPLETED REGISTRATION TO:

American Podiatric Medical Association
 11400 Rockville Pike, Suite 220, Rockville, MD 20852

Fax: 301-530-2752
 Email: registration@apma.org