



# A FOCUSED, INTENSE PRACTICE MANAGEMENT, BILLING & CODING SEMINAR REGISTRATION

REGISTER ONLINE  
at **AAPPMP.ORG**

**PLEASE INDICATE WHICH  
CONFERENCE DATE/LOCATION  
YOU ARE REGISTERING FOR:**

**JUNE 19-20**  
Pittsburgh Airport Marriott  
Corapolis, Pennsylvania

OR  **SEPTEMBER 11-12**  
Renaissance Hotel  
Denver, Colorado

All registrants must be from the same office. Registration cut off date is June 12, 2015 for Pittsburgh and September 2, 2015 for Denver after which you must register on site. An additional \$75 fee will be charged to your registration if you register after the cut-off date.

## REGISTRANT INFORMATION

Name/Credentials

Name on Badge

Practice Name/DPM Name

Address

City

State

Zip Code

E-mail (confirmation sent via e-mail only)

Phone

Fax

If you do not receive a confirmation e-mail within 3 business days please contact the AAPPMP office at 517.484.1930.

SPECIAL NEEDS/DIETARY RESTRICTIONS: \_\_\_\_\_

## AAPPMP MEMBER REGISTRATION RATES

In order to receive your discount, please fill out the registrant worksheet provided on the back of this form. Thank You!

DPM Member/Life Member \$349

Additional DPM Member/Life Member \$299

Total number of additional DPMs attending \_\_\_\_\_

(List names of additional attendees on back of registration form)

New Practitioner Member (in practice 4 years or less) \$225

Additional New Practitioner Member \$175

Total number of additional New Practitioners attending \_\_\_\_\_

(List names of additional attendees on back of registration form)

Assistant/Staff Member\* \$299

Additional Assistant/Staff Member\* \$225

Total number of additional Assistant/Staff Members attending \_\_\_\_\_

(List names of additional attendees on back of registration form)

\* Membership in AAPPMP is by Individual. Assistant/Staff Member (non-DPM) must be a paid AAPPMP Member under their own name.

Resident/Student Member \$130

Total number of Resident/Student Members attending \_\_\_\_\_

(List names of additional attendees on back of registration form)

## NON-MEMBER REGISTRATION RATES

Please fill out one registration form per attendee.

Non-member DPM \$499

Non-member New Practitioner (in practice 4 years or less) \$375

Non-member Assistant/Staff \$449

Non-member Resident \$275

**PAYMENT INFORMATION ON BACK >>>**

# AAPPM MEMBER REGISTRATION WORKSHEET

In order to receive your discount, please complete the following:

<b>1</b>	<input type="checkbox"/> DPM Member/Life Member <span style="float: right;">\$ 349.</span> <input type="checkbox"/> Number of additional DPM Members/Life Members _____ x \$299 each = \$ _____
<b>2</b>	<input type="checkbox"/> New Practitioner Member (in practice 4 years or less) <span style="float: right;">\$ 225.</span> <input type="checkbox"/> Number of additional New Practitioner Members _____ x \$175 each = \$ _____
<b>3</b>	<input type="checkbox"/> Assistant/Staff Member* <span style="float: right;">\$ 299.</span> <input type="checkbox"/> Number of additional Assistants/Staff Members _____ x \$225 each = \$ _____ <small>*Assistant/Staff Member (non-DPM) must be a paid AAPPM Member under their own name.</small>
<b>4</b>	<input type="checkbox"/> Resident/Student Member <span style="float: right;">\$ 130.</span> <input type="checkbox"/> Number of Resident/Student Members _____ x \$130 each = \$ _____
<b>TOTAL AMOUNT DUE \$ _____</b>	

Please list additional member attendees below for discounted fees above:

Name/Credentials	Name on Badge
Name/Credentials	Name on Badge
Name/Credentials	Name on Badge
Name/Credentials	Name on Badge
Name/Credentials	Name on Badge
Name/Credentials	Name on Badge

**PAYMENT** All registrations must be paid in full by June 12, 2015 for Pittsburgh and September 2, 2015 for Denver.

Card Number	Exp. Date	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Check # _____
Cardholder Name	Signature	
Billing Address for card (if different from registrant address):		
Address		
City	State	Zip Code

NOTE: Registration for this conference constitutes permission to be photographed while on the premises and for pictures to be used for lawful purpose without compensation.

Fax BOTH PAGES of registration with credit card information to 517.485.9408 or send with check made payable to AAPPM to: American Academy of Podiatric Practice Management | 1000 W St. Joseph Hwy, Ste 200, Lansing, MI 48915  
 Tel 517.484.1930 | Fax 517.485.9408 | e-mail office@aappm.org | web aappm.org