

**6 TENNESSEE PODIATRIC MEDICAL ASSOCIATION  
2008 PODIATRIC MEDICAL ASSISTANTS'  
EDUCATIONAL PROGRAM  
Franklin Marriott Cool Springs  
September 5-7, 2008**

**IN ORDER TO REGISTER FOR THE ANNUAL MEETING, PLEASE COMPLETE THIS FORM AND THE  
ATTACHED ROOM RESERVATION FORM AND RETURN TO:  
Tennessee Podiatric Medical Association  
P. O. Box 50437, Nashville, TN 37205**

**ASSISTANTS' REGISTRATION**

(PLEASE PRINT)

NAME: \_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ City State Zip

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**PODIATRIC ASSISTANT MEETING REGISTRATION**

**Please Check (1) Track**

\_\_\_\_\_ **TRACK I REGISTRATION: Radiological Techniques & Safety for the Podiatric  
Medical Assistant**

\_\_\_\_\_ **TRACK II REGISTRATION: Practice Management for the Podiatric Medical  
Assistant**

**Pre-Registration**

\_\_\_\_\_ TPMA Member's Assistant: \$215

\_\_\_\_\_ Non-Member Assistant: \$295

**Late Registration (Aug.. 15, 2008)**

\_\_\_\_\_ TPMA Member's Assistant: \$240

\_\_\_\_\_ Non-Member Assistant: \$320

**Payment Methods:**

Check payable to TPMA in the amount of \$\_\_\_\_\_ or M/C\_\_\_\_\_ Visa\_\_\_\_\_ A/E\_\_\_\_\_ Discover\_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_