

TENNESSEE PODIATRIC MEDICAL ASSOCIATION
2009 PODIATRIC MEDICAL ASSISTANTS'
EDUCATIONAL PROGRAM
Franklin Marriott Cool Springs
September 11-12, 2009

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 1 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, 2009)

_____ 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 _____