

**TENNESSEE PODIATRIC MEDICAL ASSOCIATION**  
**2009 ANNUAL MEETING**  
*Franklin Marriott Cool Springs*  
*September 10 - 13, 2009*

**IN ORDER TO REGISTER FOR THE ANNUAL MEETING, PLEASE COMPLETE THIS FORM AND RETURN TO:**

**Tennessee Podiatric Medical Association**  
**P. O. Box 50437, Nashville, TN 37205**  
**PHYSICIAN'S MEETING REGISTRATION**

(PLEASE PRINT)

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

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

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

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

**Optional Skills Workshop Registration (Thursday, Sept. 10, 2009)**

\_\_\_\_\_ **\$50 TPMA/APMA Member**      \_\_\_\_\_ **\$150 Non-Member**

**Please check appropriate registration classification for the Annual Meeting**  
**TPMA Member Annual Meeting Registration Information:**

\_\_\_ My TPMA/APMA dues are paid in full for the 2009-2010 administrative year. For this reason, I am not required to pay a registration fee for the 2009 Annual Meeting.

\_\_\_ Enclosed is my \$50 late fee for registering after August 15, 2009 even though my TPMA/APMA dues are paid in full for the 2009 -2010 administrative year.

**Alternative Registration Information:**

**Pre-Registration**

**Late Registration (Aug. 15, 2009)**

\_\_\_ TPMA or APMA Member \$575  
(Dues not paid in full by Aug. 15, 2009)

\_\_\_ TPMA or APMA Member \$600

\_\_\_ Non-Member \$850

\_\_\_ Non-Member \$875

\_\_\_ Resident (with letter) \$95

\_\_\_ Resident (with letter) \$125

**Payment Methods:**

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

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

Signature \_\_\_\_\_