

TENNESSEE PODIATRIC MEDICAL ASSOCIATION
2008 ANNUAL MEETING
Franklin Marriott Cool Springs
September 5 - 7, 2008

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
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PHONE: _____ FAX: _____

Please check appropriate registration classification

TPMA Member Registration Information:

My TPMA/APMA dues are paid in full for the 2008-2009 administrative year. For this reason, I am not required to pay a registration fee for the 2008 Annual Meeting.

Enclosed is my \$50 late fee for registering after August 15, 2008 even though my TPMA/APMA dues are paid in full for the 2008 -2009 administrative year.

Alternative Registration Information:

Pre-Registration

_____ TPMA or APMA Member \$575
(Dues not paid in full by Aug. 15, 2008)

_____ Non-Member \$850

_____ Resident (with letter) \$95

Late Registration (Aug. 15, 2008)

_____ TPMA or APMA Member \$600

_____ Non-Member \$875

_____ 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 _____