

**North Carolina Foot & Ankle Society Winter Scientific Seminar  
Thursday, January 14 – Sunday, January 17, 2010  
Sheraton Imperial Hotel • Durham, North Carolina**

**DPM Registration Form**

Name: \_\_\_\_\_ Spouse/Guest, if attending: \_\_\_\_\_  
 Practice: \_\_\_\_\_ Work Number: (     ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax Number: (     ) \_\_\_\_\_  
 City/St/ZIP: \_\_\_\_\_  
 Email: \_\_\_\_\_

The North Carolina Board of Podiatry Examiners, in mandating continuing education credit for North Carolina license holders, requires proof of that accreditation. Burden of proof falls on the attendee. Attendees are required to have their badges scanned at the before each morning and before each afternoon session. By having badge scanned, attendee attests to participating in the program offered. Registration and payment does not result in issuance of any continuing education credits. Non-compliance with proof of attendance may lead to non-certification of hours. Earned continuing education hours will not be reported to licensing agencies until registration is paid in full.

- \* No refunds will be processed after December 15, 2009. Cancellations made on or before December 15, 2009, will incur a \$100.00 processing fee, regardless of the cause of cancellation.
- \* APMA and NCFAS membership dues must be current for 2009-2010 to register as a member. Complimentary registration is available to new practitioners (i.e., DPMs beginning practice after February 2009) upon submission of membership applications. Half-price registration is available to second-year practitioner members. Reduced rates are available to North Carolina members only.
- \* Registration must be paid in full prior to December 15, 2009. Registrations received after that date will be subject to \$100.00 late fee. Checks returned due to insufficient funds or stopped payment will be considered late, incurring processing fees and late fees.

| <input checked="" type="checkbox"/> | Registration  | Before December 15 <sup>th</sup> | After December 15 <sup>th</sup> | Amount Due |
|-------------------------------------|---|----------------------------------|---------------------------------|------------|
| <input type="checkbox"/>            | APMA Member   | \$450.00                         | \$550.00                        | \$         |
| <input type="checkbox"/>            | NCFAS Member ONLY – New Practitioner                  | Complimentary                    | Complimentary                   | \$         |
| <input type="checkbox"/>            | NCFAS Member ONLY – 2 <sup>nd</sup> Year Practitioner | \$225.00                         | \$275.00                        | \$         |
| <input type="checkbox"/>            | Non – Member  | \$750.00                         | \$850.00                        | \$         |
| <input type="checkbox"/>            | Student / Resident                                    | \$200.00                         | \$250.00                        | \$         |
| <input type="checkbox"/>            | Life Member   | \$175.00                         | \$225.00                        | \$         |
| <input type="checkbox"/>            | Spouse/Guest  | \$100.00                         | \$150.00                        | \$         |
| TOTAL:                              |   |                                  |                                 | \$         |

Check enclosed for \$ \_\_\_\_\_  Charge to:  Visa  MasterCard  Discover  Amex

**Charges on credit card statements will appear as "Upton Associates."**

Card Number:                      Exp

Security Code: \_\_\_\_\_ Security Code appears on back of card.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|   |            |
|---|------------|
| Complete this form and return with payment by December 15, 2009 to:<br>North Carolina Foot & Ankle Society<br>Post Office Drawer 40399<br>Raleigh NC 27629-0399<br><br>If paying by credit card, complete and fax to <b>(919) 872-1598</b> .<br>For additional information, contact the Society office at:<br><b>(919) 872-2224</b> or <b>contact@ncfootandankle.org</b><br>Make sleeping room reservations at the Sheraton Imperial Hotel by calling<br>919/941-5050, until December 15, 2009. | Check #:   |
|   | Total Due: |
|   | Payment:   |
|   | Balance:   |