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.

✔	Registration	Before December 15th	After December 15th	Amount Due
❑	**APMA Member**	$450.00	$550.00	$
❑	**NCFAS Member ONLY – New Practitioner**	Complimentary	Complimentary	$
❑	**NCFAS Member ONLY – 2nd Year Practitioner**	$225.00	$275.00	$
❑	**Non – Member**	$750.00	$850.00	$
❑	**Student / Resident**	$200.00	$250.00	$
❑	**Life Member**	$175.00	$225.00	$
❑	**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:
North Carolina Foot & Ankle Society
Post Office Drawer 40399
Raleigh NC 27629-0399
If paying by credit card, complete and fax to **(919) 872-1598**.
For additional information, contact the Society office at:
(919) 872-2224 or **contact@ncfootandankle.org**
Make sleeping room reservations at the Sheraton Imperial Hotel by calling 919/941-5050, until December 15, 2009.

Check #:
Total Due:
Payment:
Balance: