

# 2009 APMA ANNUAL SCIENTIFIC MEETING

## TORONTO

July 30—August 2

The National



2009 APMA  
Annual Scientific Meeting  
Toronto - July 30—August 2



9312 Old Georgetown Road  
Bethesda, Maryland 20814

Phone: 301-581-9200

Fax: 301-530-2752

www.apma.org

## EDUCATIONAL PROGRAM

Plans for the Educational Program for the 2009 Annual Scientific Meeting in Toronto are already taking place. This dynamic program will offer at least 25 hours of continuing medical education credits and feature:

- Educational tracks on advances in foot and ankle surgery, wound care, sports medicine and diabetic foot and ankle care
- Breakfast symposia on a variety of topics related to foot and ankle care
- Plenary sessions featuring presentations from internationally recognized experts
- Hands-on workshops in a variety of academic interest areas
- Assistants Educational Program

All educational sessions and exhibits will be located within the Metro Toronto Convention Centre—South Building.

### **REGISTER NOW— RECEIVE FREE APMA MEMBERSHIP**

- Free, one-year APMA membership to those outside of the country who register for the 2009 meeting at the \$299.00 rate who are members of the Canadian Podiatric Medical Association but not APMA, or are members of FIP but not APMA. This offer will expire on December 31, 2008. Registration and membership forms located inside.

## HOTEL INFORMATION



100 Front Street West  
Toronto, Ontario  
Canada M5J 1E3  
Phone: 416-368-2511  
Fax: 416-368-9040  
Group Reservation Code: CAPMA7  
Website: <https://resweb.passkey.com/go/apma>

### **Rates**

\$229/night	Single/Double
\$299/night	Deluxe Rooms, Single/Double
\$499/night	Suites

A third person sharing is an additional \$20 (Canadian) per night. Children 18 years of age and under sharing their parents' accommodations are complimentary.

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### INTERNATIONAL PRE-REGISTRATION

#### Scientific Program & Special Sessions

Registrants will be provided with a final registration form which will include an opportunity to indicate planned attendance at specific scientific sessions, and special sessions (including breakfast symposia and the PICA Risk Management program).

**About Your Information:** All correspondence concerning the Annual Meeting originating from APMA or supplier vendors who purchase our registrant mailing list will be sent to the address provided below. Your e-mail address, phone/fax number is for use by APMA only and will not be published or given to anyone.

#### Your Information

APMA Member Number	Last Name	Formal First Name	Nickname (or first name) for badge
Address			
City/State/Zip Code or Province/Country/Postal Code			
Daytime Telephone	Fax Number	E-mail Address	

Doctor of Podiatric Medicine (DPM)  
 Bachelor of Science (Honours) in Podiatric Medicine (Bsc. Hons. Podiatric Medicine)  
 Bachelor of Science (Honours) in Podiatry (Bsc. Hons. Podiatry)  
 Other \_\_\_\_\_

#### Your Guests' Information (If you have additional guests, please attach a separate sheet.)

Last Name	Formal First Name	Nickname (or first name) for badge
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#### Additional Information

Check here if you have a disability and may require accommodations to fully participate. APMA will contact you.

#### Annual Meeting Registration & Fees

	Until Dec. 31, 2008	Jan. 1, 2009 Until July 17, 2009	After July 17, 2009
<input type="checkbox"/> APMA Members	\$99.00	\$169.00	\$299.00
<input type="checkbox"/> Member of Canadian PMA/but not APMA or Member of FIP/but not APMA <i>Register before Dec. 31, 2008, and receive one year of APMA membership at no fee. Complete the membership application.</i>	\$299.00	\$499.00	\$499.00
<input type="checkbox"/> International (Non-APMA, Non-CPMA, or Non-FIP member)	\$499.00	\$899.00	\$899.00
<input type="checkbox"/> Health Professional: RN, PT, PA, MD, DO, CPed, Chiropodist, ATC	\$499.00	\$899.00	\$899.00

#### Complimentary Registration (check one)

- DPM: Student     DPM: Resident/Fellow/Postgraduate APMA Member  
 Speaker  
 Other (Please explain; include name of authorizing organization and individual: \_\_\_\_\_)

**Payment Pre-Registration Amount \$ \_\_\_\_\_**

**Payment type (check one).** Registration will not be processed unless accompanied by full payment.

- Check enclosed in US dollars (payable to APMA, Inc.)  
 Mastercard     Visa     American Express     Discover

Credit Card Number (please print clearly) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Day Phone of Cardholder \_\_\_\_\_

#### Please Note:

- Educational topics are subject to change as the program schedule develops.
- All registration fees must be paid in advance.
- Payment must be received with your registration form. Registrations without complete payment will not be processed.
- Registration to the APMA Annual Scientific Meeting includes educational sessions (unless otherwise noted), exhibit hall entry and refreshment breaks.
- A confirmation of registration will be sent to you by fax, mail, or e-mail.
- Written request for registration refunds must be postmarked on or before June 26, 2009. Registration fees are refunded less a \$50 processing fee. All refunds will be issued after the meeting has occurred.
- No refunds will be made after June 26, 2009. Refunds are not granted to no-shows.

#### Mail your completed registration form to:

American Podiatric Medical Association, Annual Meeting Office  
9312 Old Georgetown Road, Bethesda, MD 20814-1621  
Or Fax to: 301-530-2752

# AMERICAN PODIATRIC MEDICAL ASSOCIATION

Bethesda, Maryland 20814-1698 USA  
1-800-ASK-APMA Web site: www.apma.org



## Application for Membership

I hereby apply for affiliate or international membership to the American Podiatric Medical Association (APMA). I understand that no one has an automatic right to be elected to membership in this voluntary organization.

### Membership Type:

Check one only.

#### Affiliate:

A DPM practicing in any country other than the United States, who is a graduate of an educational institution that at the time of graduation was accredited by the Council on Podiatric Medical Education of the APMA, and who is a member of a recognized podiatric medical organization, where such exists in the country in which the individual practices, may qualify as an Affiliate Member. **COMPLETE SECTIONS 1, 2, AND 4.**

#### International:

An individual who devotes a substantial portion of practice to the medical and/or surgical care of the foot, who does not practice in the United States, and who does not hold the degree of DPM, may qualify as an International Member. **COMPLETE SECTIONS 1, 3, AND 4.**

### Please Type or Print Clearly.

Attach additional sheet of paper if needed.

Birth date, gender, and ethnic group are requested for statistical purposes.

### Complete all addresses below.

Please note your preferred mailing address by placing a check mark in the box to the left of that address.

\*APMA communicates many important issues via e-mail. Please be aware that your e-mail will **NOT** be shared with outside vendors.

## SECTION 1

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Previous Last Name (Changed due to marriage, divorce, etc.) \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Nickname \_\_\_\_\_

Gender:  M  F

Ethnic Group (for demographic use only):  White  Black  Hispanic  American Indian  Asian/Pacific  
 Other \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Home e-mail\*: \_\_\_\_\_

Principal Office Address: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Office e-mail\*: \_\_\_\_\_ Office Web Site: \_\_\_\_\_

## SECTION 2

### Affiliate Member Education

#### Podiatric Medical Degree

Check College Below Year of Graduation \_\_\_\_\_

Arizona  Barry  California  Des Moines  New York

Ohio  Temple  Scholl

### SECTION 3

## International Member Education

What professional degrees have you obtained? \_\_\_\_\_

List the name and address of the institution where professional degrees were obtained:

(Attach additional sheet of paper if necessary.) \_\_\_\_\_

Areas of specialization: \_\_\_\_\_

### SECTION 4

## Professional Licensure

### Podiatric/Other Medical Licenses

If you have more than  
three licenses, please list  
on a separate sheet.

Year \_\_\_\_\_ Where \_\_\_\_\_ Number \_\_\_\_\_

Year \_\_\_\_\_ Where \_\_\_\_\_ Number \_\_\_\_\_

Year \_\_\_\_\_ Where \_\_\_\_\_ Number \_\_\_\_\_

Have you ever had a license to practice podiatric medicine suspended or revoked in any licensure authority or regulatory/professional body?  Yes\*  No \*If yes, please explain on another sheet.

Are you currently on probation or suspension by your licensure authority or any government agency or regulatory/professional body?  Yes\*  No \*If yes, please explain on another sheet.

## AGREEMENT

By signing below I agree to the following:

- If elected to membership, I agree to uphold and abide by the purposes, bylaws, code of ethics, and all rules and regulation of the APMA.
- I agree not to represent myself as a member of APMA, if for any reason, I cease to be a member in good standing.
- I agree that incomplete or false information may be grounds for denial or suspension of membership.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Forward your completed application, copies of all professional degrees, diplomas, and/or certificates, AND dues payment to the American Podiatric Medical Association, 9312 Old Georgetown Road, Bethesda, Maryland, USA 20814-1698**

**If your professional degrees, diplomas, and/or certificates are written in a language other than English, a written English translation must be provided.**

**Applications received without copies of all professional degrees, diplomas, and/or certificates, and written English translation (if needed).**