

PRESENTS

SHUFFLE OFF TO BUFFALO

2008

FACULTY

Bradley Bakotic, DPM	Paul Jordan, DPM
Wayne Caputo, DPM	Mark Mieth, MD
Paresh Dandona, MBBS	Barbara Resseque, DPM
David Davidson, DPM	Jill Scheur, DPM
Azher Iqbal, MD	Patti Smith, MD
Allen Jacobs, DPM	Andrew Stoeckl, MD

PROGRAM HIGHLIGHTS

Dermatology
Aesthetics and Care

Pediatric Footcare
Redefined Focus for Infants and Children

Foot Surgery
Cutting-edge Techniques

Diabetic Foot
Innovative approaches

Wound Care
From Pads to Procedures

NYSPMA Ultimate Coding Seminar

Innovations in Joint Resurfacing Workshop
Sponsored by Vilex, Inc.

ACCOMMODATIONS

Buffalo Marriott Hotel
1340 Millersport Highway
Amherst, NY 14221
716-689-6900 Guaranteed Room Rate: \$109/night
Rate held until August 31, 2008

REGISTRATION

	Before 8/22/08	After 8/22/08
APMA,OPA Members, MD, DO	\$325	\$425
Non-Members	\$450	\$550
Residents (letter from program)	\$100	\$150
Life Members	\$175	\$225
New Practitioners (1st Year)	\$175	\$225

(Copy of Diploma Required for 1st Year Rate)

CODING SEMINAR REGISTRATION FEE*

APMA Members	Free
Non-Members	\$.250

WORKSHOP REGISTRATION FEE*

APMA Members	\$.100
Non-Members	\$.200

**Podiatric Medical and
Surgical Update Seminar**

Friday, Sept. 19, 2008 **7:30am - 5:30pm**
Saturday, Sept. 20, 2008 **7:30am - 5:00pm**

*Join the Western Division and distinguished
faculty in an all new program of **PODIATRIC UPDATES***

FEE INCLUDES

Registration	Luncheons
20 CME Certificate	Continental Breakfast

NYSPMA Ultimate Coding Seminar*

Thursday, Sept. 18, 2008 **6:00pm - 9:00pm**
FREE for APMA Members that are DPMs.

**Innovations in Joint Resurfacing
Workshop***

Friday, Sept. 19, 2008 **1:30pm - 5:30pm**
Speaker David Davidson, DPM. Sponsored by Vilex, Inc.
APMA Members fee is \$100, Non-APMA Members fee is \$200

*Attendance to the Friday/Saturday Seminar is required.

**PLEASE MAKE CHECKS PAYABLE TO
Western Division, NYSPMA Education Fund**

Mail to: Ron Ruggiero, Seminar Coordinator
82 Stony Brook Drive • Lancaster, NY 14086
Any Questions: cabri@roadrunner.com

Name _____

Address _____

City, State, Zip _____

Office Phone _____

Office Fax _____

Podiatry License: State _____ Number _____

Total amount enclosed \$ _____