

Colorado Podiatric Medical Association

Annual Education Conference · October 8-9, 2010

Inverness Hotel, Englewood CO

REGISTRATION FORM

Received by Friday, Sept. 3

After Sept. 4, 2010

<input type="checkbox"/> APMA /CPMA Member	\$325	\$400
<input type="checkbox"/> Military	\$175	\$225
<input type="checkbox"/> Life Member	\$50	\$75
<input type="checkbox"/> Resident	\$50	\$75
<input type="checkbox"/> Office Staff	\$150	\$175
<input type="checkbox"/> Non APMA Member	\$500	\$575
<input type="checkbox"/> Contribute \$50 to sponsor a Resident		

Note: registration & payment must be received by Sept. 3 to qualify for lower rate. If you are an APMA member from another state, you qualify for CPMA rate.

Contact Information (please a separate page for each registrant). Please print or type

Name _____ Name on badge _____

Practice Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

____ Check payable to CPMA enclosed. Sorry, we are unable to accept credit cards. Refund policy: full refund for cancellations received before Sept. 13, 2010. Cancellations after Sept. 13 refund minus \$100.

Mail to: CPMA, 3080 Fulton Court, Denver, CO 80231 Fax: 303-671-2796

Questions call: 303-881-8837 or email maxamz@aol.com