

**Speaker Objective Form  
Colorado Podiatric Medical Association**

**NOTE: please use a separate form for each topic**

\_\_\_\_\_  
**Printed Speaker Name**

\_\_\_\_\_  
**Date form completed**

\_\_\_\_\_  
**Course Title**

**Objectives:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Please complete this form and fax back to CPMA at 303-671-2796 or email to [maxamz@aol.com](mailto:maxamz@aol.com) or mail to CPMA, 3080 S. Fulton Ct., Denver, CO 80231  
Phone: 303-881-8837**