



Registration Form

2024 KPMA Annual Scientific Meeting

Doctor registration includes
admission to lectures and exhibit hall, &
breakfast and lunch each day.

Please print

Dr. Name _____ Practice Name _____

Email _____ Phone _____

Address _____ City, State, Zip _____

I am a member of the _____ (state abbr.) Podiatric Medical Association.

I am a first-time attendee.

I have special diet/accommodations requests: _____

REGITRANT TYPE	Badge Name (First and Last)	Thru 3/22 Regis Fee	After 3/22 Regis Fee	Tickets to Reds Game (age 4+)	SUBTOTAL
KPMA/APMA Doctor		\$350	\$400	_____ x \$100 each	
Resident/Student		\$75	\$100	_____ x \$100 each	
Non-Member Doctor		\$650	\$750	_____ x \$100 each	
Guest Name(s) for Tix					

Check # _____ enclosed (payable to KY Podiatric Medical Association)

Charge my (circle one) Visa MC AMEX Discover

TOTAL: \$ _____

Credit Card # _____ Exp _____ Sec Code _____

Name on card _____ Email for receipt _____

Billing Add _____

City _____ State _____ Zip _____

HOTEL INFO: The conference and exhibits will take place at the Cincinnati Marriott RiverCenter in Covington, KY. Reserve your room online ASAP by using the link on kypma.org or the QR code at the right takes you directly to the booking site.



Return this completed form **with payment** by mail (KPMA, 5932 Timber Ridge Drive, Ste 101, Prospect, KY 40059), fax (502-223-4937) or email (info@kypma.org)

Questions? info@kypma.org or 502-223-5322