



**NEW JERSEY
PODIATRIC MEDICAL SOCIETY**

May 13-16, 2026 Hard Rock Hotel Atlantic City

**CONFERENCE ATTENDEE
REGISTRATION FORM**

Personal Information

Full Name:			
Board Certification Entity (if applicable):			

Office Information:

Preferred Contact (if different from practice):

Practice Name	Address:
Street Address:	City/State/Zip:
City/State/Zip:	Phone:
Office Phone:	Email:
Office Email:	Medical Practice Manager or Guest Name (\$100): _____

Registration Type (please check one):

Postmarked by:

February 28

April 1

Onsite

<input type="checkbox"/> NJPMS Member	____ FREE	____ FREE	____ FREE
<input type="checkbox"/> NJPMS Life Member	____ \$295	____ \$345	____ \$395
<input type="checkbox"/> APMA Member	____ \$595	____ \$645	____ \$695
<input type="checkbox"/> New Jersey Fellow, Resident, or Intern Member	____ \$0	____ \$0	____ \$0
<input type="checkbox"/> DPM Nonmember	____ \$695	____ \$745	____ \$795
<input type="checkbox"/> Practice Manager (Price Per Attendee)	____ \$100	____ \$100	____ \$100
<input type="checkbox"/> Podiatric Physician: Member of Another State (Will be Verified)*	____ \$395	____ \$445	____ \$495

Membership Notes: NJPMS dues must be paid by **1/01/2026**. The prices listed above are valid for CME lectures between podiatric and osteopathic conference.

*If you are a member of another state's podiatric medical association, we will honor the same registration price as for NJPMS' members (subject to membership confirmation).



Scan the QR Code for more information including program schedule and exhibitor information!

Registration Payment Totals

Registration Fee (from top list)	\$ _____
Guest Badge Fee (\$100 each additional)	\$ _____
Total \$	_____

CANCELLATION POLICY:

Requests for cancellation refunds must be requested by **April 30, 2026**.

Mail registration to: 1 Tree Farm Rd Suite 202
Pennington, NJ 08534 | **Fax registration to:**
732.940.8899

Registration Payment Method

Credit Card #:	
Exp. Date:	CVV:
Billing Address:	
City, State, Zip:	
Registration Fee (from top list) _____	Check #: _____ (make payable to NJPMS)
Card Holder Name:	
Signature:	

For any questions, please contact Tajma Kotoric at tkotoric@njpms.com