



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 <input type="checkbox"/> Student 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 \$ | _____ |

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: | |

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

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