



New Jersey **Podiatric**
Medical Conference
2025



NEW JERSEY
PODIATRIC MEDICAL SOCIETY

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:**

	March 23rd	April 13th	After April 13th
<input type="checkbox"/> NJPMS Member	___ \$395	___ \$445	___ \$495
<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 and dues must be paid by **1/01/2025**. The prices listed above are valid for CME lectures between podiatric and osteopathic conference.



**NJPMC
Online
Registration**



**NJPMC
Schedule**

Registration Payment Totals

Registration Fee (from top list)	\$ _____
Guest Badge Fee (\$100 each additional)	\$ _____
Additional Workshop Fee (\$TBD)	\$ _____
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 March 31, 2025

Mail registration to: 1 Tree Farm Rd Suite 202

Pennington, NJ 08534 | **Fax registration to:**

732.940.8899