



**OKLAHOMA PODIATRIC
MEDICAL ASSOCIATION**

D P M

Oklahoma's Podiatric Physicians Providing Comprehensive
Medical And Surgical Foot & Ankle Care

**PODIATRIC PHYSICIANS' REGISTRATION
SPRING 2011 SCIENTIFIC SEMINAR
MAY 13-14, 2011
SOUTHERN HILLS MARRIOTT
TULSA, OKLAHOMA**

PODIATRIC PHYSICIANS' PROGRAM SPEAKERS AND TOPICS INCLUDE:

- ❖ *Jeff Root - Topic TBA*
- ❖ *Jeffrey Ross, DPM, MD - Treatment of Onychomycosis in High Risk Polypharmacy Patients; Stress Fractures in Baby Boomers; Gait Analysis for Diabetic Foot Ulcer Prevention*
- ❖ *Kimberly Eickmeier, DPM - ESWT Primer; Treatment of Osteoarthritis: the Role fo Juvenile Cartilage Transplant; Micrografting*
- ❖ *Larry Didominico, DPM - Topic TBA*
- ❖ *Raymond Posa, MBA - HIPAA Audits*
- ❖ *Richard Stess, DPM - Topic TBA*

OTHER EVENTS DURING THE SEMINAR:

- ❖ *OKPMA Board of Governors' Meeting - Thursday, May 12th*
- ❖ *OKPMA General Meeting - Friday after lunch*
- ❖ *Oklahoma State Board of Podiatric Medical Examiners Meeting - Friday at 5:30 p.m.*
- ❖ *Open Reception- Friday after lectures*
- ❖ *A Shot in the Dark Golf Tournament - Friday at 6:30 p.m. (See Reverse for Details)*

HOTEL RESERVATIONS:

Call 866-530-3760 or use the link on our website to make your reservation. To receive the special group rate of \$89, you must make your reservation by May 3, 2011. Mention that you are with the OKPMA group when making your reservation.



A Shot in the Dark Golf Tournament

Front Nine in the Daylight,
Back Nine in the Dark!

4-Person Scramble

Page Belcher Golf Course (Just 3 miles from the Marriott)

Friday, May 13th 6:30 p.m.

Dinner, Drinks, & Prizes

Limited Space Available

If teams are sponsored, there will be no cost to you to play!



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**MAIL CHECK AND FORM TO:
SCIENTIFIC SEMINAR REGISTRATION
OKPMA
3233 E. MEMORIAL ROAD, SUITE 103
EDMOND, OK 73013**

INCOMPLETE FORMS AND FORMS WITHOUT PROPER PAYMENT WILL BE RETURNED UNPROCESSED.

| Check One | Registration Fee if Received by: | 4/12/11 (Early) | 5/12/11 | 5/13/11 (Late) |
|--------------------------|----------------------------------|-----------------|---------|----------------|
| <input type="checkbox"/> | APMA Member | \$300 | \$350 | \$400 |
| <input type="checkbox"/> | Non-APMA Member | \$600 | \$650 | \$700 |
| <input type="checkbox"/> | Lifetime or Retired Member | \$0 | \$50 | \$100 |
| <input type="checkbox"/> | Student or Resident | \$0 | \$50 | \$100 |

I am interested in participating in the golf tournament.

CHECK NO: _____

YOUR OFFICE MAY USE ONE CHECK TO PAY FOR MULTIPLE REGISTRANTS.

**PLEASE PRINT CLEARLY
ONE REGISTRANT PER FORM**

NAME: _____

AS IT WILL APPEAR ON CONFERENCE BADGE

MAILING ADDRESS

OFFICE NAME (IF APPLICABLE): _____

OFFICE STREET/PO BOX: _____

CITY/STATE/ZIP: _____

OFFICE PHONE: _____

OFFICE FAX: _____

EMAIL: _____

REGISTRATION CONFIRMATIONS WILL BE SENT BY EMAIL.

CONTACT INFORMATION PROVIDED WILL ALSO BE USED TO UPDATE THE OKPMA DATABASE.

| |
|--|
| -OKPMA Office Use- Date Received _____ Payment _____ Check No. _____ Confirmation _____ |
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