



Registration Form

Personal Information: Every registrant MUST complete this form in its entirety. Please print all letters and numbers clearly.

Name _____ Badge Name _____

Title _____

Company/Facility _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____ Fax _____

Company Website (optional): _____ State License (i.e. L. Ped., DPM): _____

Are you a member of: PFA PAC Other: _____

PFA Member #: _____ ABC Cert. #: _____ BOC Cert. #: _____

Other Cert. # (Please provide the certification name and number): _____

Designation (check all that apply): ABC C.Ped. BOC Ped. L. Ped C.Ped. (C) DPM MD Other: _____

I am a first-time Symposium Attendee I am authorized to make purchasing decisions

Please let us know of any special needs so that we may assist you: _____

Please indicate your food allergies: Gluten Free Kosher No Nuts Vegan Vegetarian

If you are a Pedorthics/Orthotics professional, how many patients/customers are served by your company in a week?

- 1-20 21-30 N/A
- 31-40 41-50
- 51-60 More than 60

What is your Practice/ Business Setting?

- Privately owned pedorthic practice facility with designated areas
- Privately owned pedorthics-and-retail setting
- Privately owned pedorthics and comfort/euro footwear store
- Private medical practice
- Hospital or clinic
- Privately owned O&P facility
- Regional/National O&P chain facility
- Sports/athletics facility
- Manufacturing company
- DME facility
- Other
- N/A

What products/service are of most interest to you? (select all that apply)

- Off the shelf shoes and foot orthoses
- Raw fabricating material for shoes, orthotics, modifications, and other pedorthic modalities
- Comfort footwear
- Scanning devices and technology products
- Therapeutic foot/below-the-knee products
- Pedorthic Tools & Manufacturing Equipment
- Non-therapeutic Insoles and Inserts
- Orthotic Accessories
- Software solutions
- Business Services
- Marketing Services
- Billing Services
- Financial/Insurance Services

SYMPOSIUM & EXHIBITION

OCTOBER 31 - NOVEMBER 2

BOSTON, MA



If you are a comfort product buyer, HR professional, Wellness Program professional, etc, how many employees do you represent?

- 1-100 101-200
- 201-500 500+
- N/A

What is your company's annual gross revenue?

- \$0 - \$150,000 \$150,001 - \$250,000
- \$251,000 - \$350,000 \$351,000 - \$500,000
- \$500,001 - \$1M Over \$1M
- N/A

What are your annual expenditures on industry products/supplies?

- \$1,000 - \$3,000 \$3,001 - \$5,000
- \$5,001 - \$10,000 \$10,001 - \$20,000
- \$20,001 - \$50,000 \$50,001 - \$100,000
- Over \$100,000 N/A

What are your annual expenditures on business supplies/services (phone, paper, office supplies)?

- \$1,000 - \$3,000 \$3,001 - \$5,000
- \$5,001 - \$10,000 \$10,001 - \$20,000
- \$20,001 - \$50,000 \$50,001 - \$100,000
- Over \$100,000 N/A

Registration Categories	Early Bird Until 8/30/2013	Advanced After 8/30/2013
PFA/PAC MEMBER RATES		
Full Symposium Attendee	<input type="checkbox"/> \$599	<input type="checkbox"/> \$799
Additional Attendee (same company)	<input type="checkbox"/> \$539	<input type="checkbox"/> \$739
Thursday ONLY	<input type="checkbox"/> \$390	<input type="checkbox"/> \$590
Friday ONLY	<input type="checkbox"/> \$390	<input type="checkbox"/> \$590
Saturday ONLY	<input type="checkbox"/> \$390	<input type="checkbox"/> \$590
NON-MEMBER RATES		
Full Symposium Attendee	<input type="checkbox"/> \$1019	<input type="checkbox"/> \$1019
Thursday ONLY	<input type="checkbox"/> \$640	<input type="checkbox"/> \$640
Friday ONLY	<input type="checkbox"/> \$640	<input type="checkbox"/> \$640
Saturday ONLY	<input type="checkbox"/> \$640	<input type="checkbox"/> \$640

Payment Information

TOTAL FEES: \$ _____

- Check payable to: **PFA**
Mail to: PFA, Attn: Annual Symposium & Exhibition
8400 Westpark Drive, 2nd Floor
McLean, VA 22102
- American Express MasterCard
- Discover VISA

Name on Card _____

Card Number: _____

Expiration: _____

ADDITIONAL OPTIONS	
Spouse/Guest Event Pass Spouse Name: _____	<input type="checkbox"/> \$220
Printed Presentation Book	<input type="checkbox"/> \$35
Pre-Symposium Field Trip: Vibram Factory Wednesday, October 30 10:00am - 5:00pm Includes: Transportation, Lunch and appropriate CEUs.	<input type="checkbox"/> \$149
Pre-Symposium Happy Hour: Join the PFA Board at the Union Oyster House Wednesday, October 30 7:30pm - 9:00pm Includes: Transportation, 1 drink and hors d'oeuvres, and prizes.	<input type="checkbox"/> \$50 (Until 10/04/13) <input type="checkbox"/> \$65 (After 10/04/13)
Post-Symposium Course: CPR for Healthcare Providers Sunday, November 3 8:00am - 1:00pm Members Early Bird Members Advanced Non-Members	<input type="checkbox"/> \$125 <input type="checkbox"/> \$156 <input type="checkbox"/> \$199

Cancellation/Refund/Substitution Policy: Cancellations must be received in writing to registration@mmgevents.com. A processing fee of 20% will be charged for cancellations received by August 30, 2013. No refunds will be issued for cancellations received after August 30, 2013. No refunds will be issued for no-shows. There is no charge for substitutions. Eligibility requirements for member rates will apply. Badge-sharing is not allowed.

Fax to 703-610-0203

Registration Questions: Call 703-610-0257 or Email: registration@mmgevents.com