

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

Name \_\_\_\_\_ Badge Name \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Are you a member of:  PFA  PAC  Other: \_\_\_\_\_ State License (i.e. LPED, DPM): \_\_\_\_\_

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 indicate your food allergies:  Gluten Free  Kosher  No Nuts  Vegan  Vegetarian ADA Needs \_\_\_\_\_

**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
- Sports/athletics facility
- Manufacturing company
- DME facility
- Other
- N/A

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

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

**What is your company's annual gross revenue?**

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

**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

**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 8/22/2014	Advanced After 8/22/2014
<b>PFA/PAC MEMBER RATES</b>		
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
<b>NON-MEMBER RATES</b>		
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

ADDITIONAL OPTIONS	
Printed Presentation Book	<input type="checkbox"/> \$35
Spouse/Guest Event Pass Spouse Name: _____	<input type="checkbox"/> \$220
Pre-Symposium Happy Hour: Join the PFA Board Thursday, October 23, 7:30pm – 9:00pm	<input type="checkbox"/> \$50 until 8/22/14 <input type="checkbox"/> \$65 after 8/22/14
Pre-Symposium Workshop 1	<input type="checkbox"/> \$129 – Member <input type="checkbox"/> \$179 – Non-Member
Pre-Symposium Workshop 2	<input type="checkbox"/> \$129 – Member <input type="checkbox"/> \$179 – Non-Member

**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 29, 2014. No refunds will be issued for cancellations received after August 29, 2014. 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.

**PAYMENT INFORMATION:**

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

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_