

ATLANTIS

PARADISE ISLAND BAHAMAS

2019 Atlantis Foot and Ankle Symposium

JANUARY 11-13, 2019 | NASSAU, BAHAMAS

ATLANTIS PARADISE ISLAND

SPEAKERS | EXHIBITORS | 24 CME HOURS

Early Bird Pricing \$299 – Received before Nov. 11

Received after Nov. 11 \$399

Reservation Deadline Dec. 10, 2018

REGISTER NOW – CALL 540-208-2924 OR USE THE LINK BELOW

<http://atlantisfootandanklesymposium.zohosites.com>

St. LOUIS PODIATRY SEMINAR | PERI

This activity has been planned and implemented in accordance with the standards and requirements for approval of providers of continuing education in podiatric medicine through a joint provider agreement between The New York College of Podiatric Medicine and St. Louis Podiatry Seminar, Inc.. The New York College of Podiatric Medicine is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. The New York College of Podiatric Medicine has approved this activity for a maximum of 24 continuing education contact hours.



Please fill in form and send directly to PERI at
Fax number: 1-540-774-4615 or Email: kmoore@periedu.com

Entry and Hotel Reservation Form 2019 Atlantis Foot and Ankle Symposium January 11-13, 2019

A. Personal Information

Name: _____ Date of Birth: _____
Company/Affiliation: _____ State/License #: _____
Arrival Date: _____ Departure Date: _____
Number of persons in room: _____ Adults _____ Children Age of children: _____
Mailing Address: _____
City: _____ State: _____ Zip code: _____
Phone: _____ Fax: _____ Email: _____

B. Billing Information (if different from Personal Information)

Name: _____
Company/Affiliation: _____
Mailing Address: _____
City: _____ State: _____ Zip code: _____
Phone: _____ Fax: _____
Email: _____

C. Billing Early Bird Rate – Received before Nov. 11 \$299 Regular Rate – Received after Nov. 11 \$399

Hotel Room \$189 (per night) + taxes and fees

Mastercard VISA American Express Discover

Card Number: _____ CVV Number: _____

Expiration Date: _____ Card holder's name on credit card: _____

Signature: _____ Date: _____

Make checks payable to: PERI (checks can only be used for Symposium entry fee not hotel room)
Please send form and payment to: PERI
222 Walnut Ave
Roanoke, VA 24016

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