Email: kmoore@periedu.com

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ATLANTIS

PARADISE ISLAND BAHAMAS

2020 Atlantis Foot and Ankle Symposium

JANUARY 17-19, 2020 | BAHAMAS
ATLANTIS PARADISE ISLAND RESORT

SPEAKERS

EXHIBITORS

21 CPME PROVIDED

Phone: 540-208-2924

Early Bird Pricing \$199 - Received by September 1, 2019

Regular Pricing \$299 - Starting September 2, 2019

Hotel Room Beach Tower - \$189 (per night) + taxes and fees - DEADLINE 12/16/19



REGISTER NOW - CALL 540-208-2924 OR Email kmoore@periedu.com

Co-Chairmen - Allen Jacobs, DPM & Charles Zelen, DPM

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 PERI. 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 21 continuing education contact hours. *Registration fee is non-refundable.



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 2020 Atlantis Foot and Ankle Symposium January 17-19, 2020

A. Personal Information Name: Company/Affiliation: _____ State/License #: _____ Arrival Date: ______ Departure Date: _____ Number of persons in room: Adults Children Age of children: Name of Guest(s): ______ Mailing Address: City: State: Zip code: Phone: _____ Email: ____ B. Billing Information (if different from Personal Information) Mailing Address: City: ______ State: _____ Zip code: _____ Phone: Email: C. Billing ☐ Early Bird Symposium Entry - \$199 (through Sept. 1 2019) ☐ Regular Symposium Entry - \$299 ☐ Hotel Room Beach Tower - \$189 (per night) + taxes and fees ☐ VISA ☐ American Express ☐ Discover ☐ Mastercard Card Number: _____ CVV Number: _____ Expiration Date: Card holder's name on credit card: _____ Date: Make checks payable to: PERI (checks can only be used for Symposium entry fee not hotel room) Please send form and payment to: Attn: Katie Cosby 222 Walnut Ave SW Roanoke, VA 24016 Bedding Requests (number of beds per room):

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