

REGISTER NOW!

Email: [kmoore@periedu.com](mailto:kmoore@periedu.com)

Phone: 540-208-2924

REGISTER HERE and Stay up to date with the Symposium at <http://atlantisfootandanklesymposium.zohosites.com/>

# ATLANTIS

PARADISE ISLAND BAHAMAS

## 2020 Atlantis Foot and Ankle Symposium

JANUARY 17-19, 2020 | BAHAMAS

ATLANTIS PARADISE ISLAND RESORT

SPEAKERS | EXHIBITORS | 21 CECH PROVIDED

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

CECH Provided by  
the New York College  
of Podiatric Medicine

REGISTER NOW – CALL 540-208-2924 OR Email [kmoore@periedu.com](mailto: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](mailto: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)

Name: \_\_\_\_\_

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

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  
Attn: Katie Cosby  
222 Walnut Ave SW  
Roanoke, VA 24016

Bedding Requests (number of beds per room): \_\_\_\_\_

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