

REGISTER NOW!

Email: kyoung@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

2021 Atlantis Foot and Ankle Symposium

JANUARY 15-17, 2021 | BAHAMAS

ATLANTIS PARADISE ISLAND RESORT

SPEAKERS | EXHIBITORS | 21 CECH PROVIDED

Early Bird Pricing \$229 – Received by September 1, 2020

Regular Pricing \$299 - Starting September 2, 2020 - December 1, 2020

\$399 - After December 1, 2020

Hotel Room Beach Tower - \$189 (per night) + taxes and fees – Limited Availability DEADLINE 12/14/2020

CECH Provided by
the New York
College of
Podiatric
Medicine

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

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

St. LOUIS PODIATRY SEMINAR, INC. | 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: kyoung@periedu.com

**Entry and Hotel Reservation Form
2021 Atlantis Foot and Ankle Symposium
January 15-17, 2021**

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 - \$229 (through 9/1/20)** **Regular Symposium Entry - \$299 (through 12/1/20)**
 Symposium Entry after 12/1/20- \$399

Hotel Room Beach Tower - \$189 (per night) + taxes and fees * Based on availability

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: Kim Young
222 Walnut Ave SW
Roanoke, VA 24016

Bedding Requests (number of beds per room): _____

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