



**APMA CODING SEMINAR
JANUARY 29, 2021—8:00am – 4:00pm EST
REGISTRATION FORM**

REGISTRANT INFORMATION

Title (Dr., Mr., Ms.) _____ First Name _____ MI _____ Last Name _____

Practice/Employer Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Fax _____

Cell Phone _____

Special Accessibility Needs _____

Email Address _____ May we share your email with exhibitors? Yes No

Please check this box if seeking AAPC CEU credits for seminar

AAPC Member Number _____

- Doctor (or initial office staff) | \$279.00
- Office Staff | \$149.00
- DPM Resident | \$49.00

PAYMENT INFORMATION

Total Due \$ _____

Visa MC

Card Number _____

Expiration Date _____ CVV Code _____

Signature _____

Payment must be submitted with registration for the registration to be processed. An administrative fee of \$79.00 will be imposed for any cancellation.

**SEND COMPLETED
REGISTRATION FORMS TO**

**RASHMI DOSHI
Email: rdoshi@nyspma.org
FAX 646-672-9344**

For any DPM seeking AAPC CEU in addition to CECH, and any non DPM seeking CEUs, please note that only attendance of the live event/stream on January 29, 2021 would be awarded CEU. Please email coding.hpp@apma.org with questions regarding AAPC CEU credits.

For questions related to registration for the APMA Seminar, please contact Rashmi Doshi at rdoshi@nyspma.org.



NEW NY21 EXHIBIT HALL HOURS

- Thursday, January 28, 2021 | 7:00pm-8:30pm
- Saturday, January 30, 2021 | 9:30am-5:30pm
- Sunday, January 31, 2021 | 9:30am-5:30pm

CONTACT

Dani SanMarco, CEM
info@nyspma.org

NYSPMA

555 Eighth Avenue | Suite 1902
New York, NY 10018
www.nyspma.org/ny21



LIABILITY WAIVER, RELEASE, AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to attend, volunteer, or otherwise participate in any fashion in the _____ ("Program"), beginning on _____, _____, 2021, I, the undersigned participant ("Participant"), agree as follows:

- 1. Purpose. It is the purpose of this Liability Waiver, Release, and Assumption of Risk Agreement ("Agreement") to exempt, waive, and release The New York State Podiatric Medical Association and its affiliated entity, The Foundation for Podiatric Medicine, and any officers, employees, volunteers, officials, and agents ("Released Parties") from any and all liability for personal injury, property damage, and wrongful death arising out of attendance or participation in the Program to the fullest extent allowed by New York law.
2. Assumption of Risk. I agree and consent that participation in the Program is voluntary and at each individual's own risk. I acknowledge that participation in the Program entails known and unknown risks that may result in physical or other injury, loss, or death, including but not limited to exposure to contagious illness. I understand that such risks simply cannot be eliminated. I expressly assume the risk of injury and damages and will indemnify and hold harmless, and covenant not to sue, the Released Parties from any and all claims for injury and damage, even if the risk(s) arise out of the negligence or fault of the Released Parties.
3. Liability Waiver & Release. By executing this Agreement, I agree that the Released Parties shall not be liable for any damages arising from personal injuries sustained by myself or any licensee or individual under my care, custody, or control as a result of any and all activities related to participation in the Program. I assume full responsibility for any such injuries or damages that may occur, and further agree that the Released Parties shall not be liable for any loss, theft, or damage to personal property. I specifically agree that the Released Parties shall not be responsible for such injuries, damages, loss, or theft, even if caused in whole or part by the negligence of the Released Parties, whether such negligence is present at the signing of this Agreement or takes place in the future. This waiver and release does not apply to intentional torts by the Released Parties. I waive, release, discharge, and covenant not to sue the Released Parties for the claims being released in this Agreement.
4. Liability to Third Parties. I agree that I will indemnify and hold harmless the Released Parties for all personal injuries, property damage, or other damage to any and all third parties, including but not limited to parties under my care, custody, and control, as a result of any and all activities related to participation in the Program, even if such damage arises out of the negligence of the Released Parties.
5. Interpretation. I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of New York and shall be governed by the law of New York, without regard to any conflict of laws.
6. Severability. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
7. Attorney Fees. Should the Released Parties or anyone acting on their behalf be required to incur attorney fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.
8. Acknowledgment & Signature. By signing this Agreement:
a. I expressly state that I have had sufficiently opportunity to read and consider this entire Agreement and ask any questions associated with it.
b. I agree that I have read and understood it and voluntarily agree to be bound by its terms.
c. I acknowledge that this Agreement contains a waiver and release of claims.

SIGNED:

Printed Name of Participant Signature Date



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