

10 Assistants Tracks 1 & 2/Office Staff Goldfarb Foundation Registration Form

First Name* _____ Last Name* _____ Title* _____

Address #1* _____ Address #2* _____

City* _____ State* _____ Zip* _____

Phone* _____ Fax* _____ Email** _____

* Required Information

**A valid email address is required to receive your confirmation email.

Track 1: Administrative Program

- PPMAA Members \$160*
 Non-PPMAA Members \$185

Track 2: ASPMA Review & Exam Program:

TRACK 2 MUST ALSO complete the separate exam registration form at bottom of this page.

- PPMAA Members \$160*
 Non-PPMAA Members \$185

*PPMAA Members Must Send Copy of Membership Card in with Registration.

APMA CODING SEMINAR

Thursday, November 9

- Office Staff \$130

Goldfarb Foundation Payment Method

- CHECK ENCLOSED: \$ _____
 Make payable to Goldfarb Foundation

- CREDIT CARD: __MC __VISA __AMEX __DISCOVER

CC No. _____ Exp. _____

MAIL: Goldfarb Foundation
 Attention: Lara Beer-Caulfield
 757 Poplar Church Rd.
 Camp Hill, PA 17011
 FAX: 717-761-4091
 PHONE: 800-841-3668, x214
 WEB: www.goldfarbfoundation.org

Assistants Track 2 - Exam Registration Form

SEND this Exam Registration Form and payment separately, along with copy of current ASPMA Membership Card for the ASPMA exam to ASPMA Qualifying and Examining, 1616 North 78th Court, Elmwood Park, IL, 60707, 1-888-88ASPMA. ASPMA Website: www.aspma.org. For questions about the ASPMA Exam, contact Elizabeth Rudy, PMAC, at 504-450-0243 or bethpmac@aol.com.

Assistant's Name* _____

Doctor's Name/Practice* _____

Address* _____

City* _____ State* _____ Zip* _____

Phone, Fax, Email* _____

* Required Information

- ASPMA Exam Fee On & Before October 14, 2017 \$140 ASPMA Exam Fee October 15, 2017 & After \$165

CHECK: Payable to ASPMA Certification Fund

CREDIT CARD TYPE: _____ (MC, VISA, AMEX, & DISCOVER accepted) CVV Code _____

ACCOUNT # _____ Exp. Date _____ Billing Zip Code _____