



# NORTH CAROLINA FOOT & ANKLE SOCIETY

— PODIATRIC PHYSICIANS PROVIDING MEDICAL AND SURGICAL CARE —

Radiology Certification Course and Examination  
January 18 and 19, 2025  
Grandover Resort • Greensboro, North Carolina

If registering multiple staff for Radiology Certification, enter a Primary Contact name below and list the staff members and their email addresses where indicated.

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_  
\_\_\_\_\_

Registration @ \$250 per person	Amount Enclosed: \$_____
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List all attending staff and their email addresses. A unique email is required for each attendee.	
	Email: _____
	Email: _____
	Email: _____
	Email: _____
	Email: _____

Check enclosed for \$\_\_\_\_\_

Charge to:  Visa  MasterCard  AmEx  Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (Last three digits on back of card for MC, Discover or Visa or four digits on front of card for AmEx)

Cardholder Signature: \_\_\_\_\_

Credit card billing address, if different from address above:  
\_\_\_\_\_

If paying by credit card, email to [contact@ncfootandankle.org](mailto:contact@ncfootandankle.org). If paying by check, send payment AND registration form to:

NC Foot & Ankle Society  
3733 Benson Drive  
Raleigh NC 27609

Contact the Jean Kirk at the Society office at 919-872-2224 with additional questions.