NORTH CAROLINA
FOOT & ANKLE SOCIETY
PODIATRIC PHYSICIANS PROVIDING MEDICAL AND SURGICAL CARE

Radiology Certification Course and Examination
January 17and 18, 2026
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: $_____

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. 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.