

OCPMA Proudly Presents
10th ANNUAL

ADVANCEMENTS IN

FOOT & ANKLE

SURGERY SEMINAR September 16 & 17, 2011



**STILL
ONLY \$99**

(CPMA Members)
Non-Members \$250

Scientific Chairman
D. Jeffrey Haupt, DPM
Seminar Coordinator
Linda Lazarus



Hyatt Regency Resort & Spa

21500 Pacific Coast Highway
Huntington Beach, CA 92648
714-698-1234

Book room online at www.ocpma.org

Room rate: \$185

Cut off date: September 2, 2011

World Renowned Speakers including:

- David Armstrong, DPM, MD, PhD
- Richard Jay, DPM
- Gary Dockery, DPM
- Amol Saxena, DPM
- Paul Scherer, DPM
- Lee Rogers, DPM
- Jarrod Shapiro, DPM



For more information:
Call 714-280-0222 or
visit www.ocpma.org

10 CME Units (includes 2 Radiology)
(for Lecture and Workshop Attendance)

Topics:

- Diabetic Foot, 2011 Update
- Charcot Arthropathy, Wound Management
- Pediatric Foot Deformities
- New Treatments for LE Dermatology
- Scar Treatments for the Lower Extremity
- Injection Treatment of Plantar Keratotic Lesions
- Sports Medicine: New Treatments for the Athlete
- Biomechanics Blitzkrieg
- Hammertoe Options, 2011
- The Bunion - Simple to Complex
- Forefoot Disorders: Complete Digital & Forefoot Reconstruction
- Rearfoot & Forefoot Fusions for Post Traumatic Conditions in the Foot & Ankle

Workshops:

- Synthes - New Techniques for Fracture Fixation of the foot
- Integra - Nerve/Tendon Protections & Reinforcements
- Limb Salvage with Integra - Osteobiologics Review
- Osteomed - Locking Plate Solutions
- Stryker - Trauma Fixation



Registration

(a portion of the registration proceeds will go to Cal PPAC)

Includes seminar & workshops

CPMA/APMA Members: \$99.00 Non Members \$250.00

After 9/15/11: Members: \$150 Non-Members \$300.00

Residents/Students: **FREE with PRE-REGISTRATION**
and School/Residency Address

Application:

Online at: www.ocpma.org
Mail to: 491 s. Paseo Estrella
Anaheim Hills, CA 92807
Fax to: (714) 280-0122
email: ocfoot@earthlink.net

YES

I plan to attend the
FREE Friday Workshops

Please Print:

Visa Mastercard Check

I would like to help sponsor a student/resident for a \$25 donation

Name _____

Address _____

City _____ St _____ Zip _____

Tel # _____

Credit Card # _____

Exp. Date _____ 3 Digit CID # _____

To receive confirmation, please include email address.

Email _____