



Program Registration

Fee: \$1299

Applicant Information

Name: _____

E-mail: _____

DPM Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Check Visa MasterCard American Express

Card Number: _____ Exp. Date _____ CVV _____

Cardholder Name: _____

Billing Address: _____

****if different from above***

Please return completed registration form with payment to the AAPP Office:

1000 W St Joseph Hwy Ste 200 | Lansing, Michigan 48915
Fax: 517-485-9408 | Phone: 517-484-1930 | Email: office@aappm.org