

Attestation Form

Name: Mark bee	15
Signature:	
/ -	
Please mark the times you attended the	Symposium.
CPME: Des Moines University is approved by the Podiatric Medical Education as a sponsor of compodiatric medicine. Des Moines University has approved by the Podiatric medicine. Des Moines University has approved by the Podiatric medicine. Des Moines University has approved by the Podiatric Medical	tinuing education i pproved this
Friday ☑ Afternoon ☐ Workshop (registered attendees only)	Saturday Morning Afternoon
Students and Other Attendees: Attendees will certificate of participation for a maximum of 8.75 education hours.	
Friday ☐ Afternoon ☐ Workshop (registered attendees only)	Saturday ☐ Morning ☐ Afternoon



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Name:	PAUL TOISHO
Signature:	
J	mark the times you attended the Symposium.
	Moines University is approved by the Council of dical Education as a sponsor of continuing education in

Podiatric Medical Education as a sponsor of continuing education in podiatric medicine. Des Moines University has approved this activity for a maximum of 10.75 continuing education contact hours.

Friday	Saturday
Afternoon	Morning
Workshop (registered attendees only)	Afternoon

Students and Other Attendees: Attendees will be given a certificate of participation for a maximum of 8.75 continuing education hours.

Friday	Saturday
Afternoon	Morning
Workshop (registered attendees only)	Afternoor



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	Afternoon	ered attendees only)	Saturday Morning Afternoon



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Name: Saring Blum
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Please mark the times you attended the Symposium.
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Signature:	
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Friday	Saturday Morning Afternoon

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Name: PETER CLOWELL	
Signature:	W1
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Name: Warren A. Chiodo,	DIT
Signature: W. Cluocks DPM	
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Name: Nathan Coleman

Signature:	
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Friday ☐ Afternoon ☐ Workshop (registered attendees only)	Saturday Morning Afternoon



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Name: Robert Collier DPW

Signature:	
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Name: Candice Cooper	
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Friday Afternoon Workshop (registered attendees only)	Saturday ⊠ Morning □ Afternoon



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Name: PAGU DAGM.		
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Friday ☐ Afternoon ☐ Workshop (registered attendees only)	Saturday Morning Afternoon	



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Name: Hannah Dobrzellaske	
Signature:	
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Name: Mike Donnenwort	n	
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Please mark the times you attended the Symposium.		
CPME: Des Moines University is approved by the Council of Podiatric Medical Education as a sponsor of continuing education i podiatric medicine. Des Moines University has approved this activity for a maximum of 10.75 continuing education contact hours		
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Students and Other Attendees: Attendees w certificate of participation for a maximum of 8.79 education hours.		



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Name: ROGER C. DROWN

Signature: Jour C. Liser	u
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Name:	Joshu Epstein	
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Name: Katie Evans	
Signature:	
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Friday ☐ Afternoon ☐ Workshop (registered attendees only)	Saturday ☐ Morning ☐ Afternoon

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Name: Craig Ficks DPM	
Signature: Org Frish, Pr)
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Name: Kathy Frush	
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Name: Megan Galligher

Signature: Mu Mm	
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Name:	amel	Gilliosk	PPM
Signature	: Auck	Julie	,
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Name: John Greaves	
Signature: # Fram	
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Name: PHIL GREENFIELD	
Signature: Many	
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form. Please return to the registration desk. Thank you:
Name: JULIE GRUNDBERG
Signature:
Please mark the times you attended the Symposium.
CPME: Des Moines University is approved by the Council of Podiatric Medical Education as a sponsor of continuing education podiatric medicine. Des Moines University has approved this activity for a maximum of 10.75 continuing education contact hour
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Signature: Manu Samb	
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Friday ☐ Afternoon ☐ Workshop (registered attendees only)	Saturday ☐ Morning ☐ Afternoon



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Name: Blake Hab	
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Name: Lindsey Djelm

Signature:	
Please mark the times you attended th	e Symposium.
CPME: Des Moines University is approved by Podiatric Medical Education as a sponsor of condiatric medicine. Des Moines University has activity for a maximum of 10.75 continuing educations.	ntinuing education in approved this
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Name: Ala Kent	
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Name: JERG CILE	y Dry
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Name: DAVID KITTELOW, DPM		
Signature:		
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Friday ☐ Afternoon ☐ Workshop (registered attendees only) ☐ Afternoon		



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Name: Dana E. Kluch D	PM
Signature:	e Symposium.
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Students and Other Attendees: Attendees will be given a certificate of participation for a maximum of 8.75 continuing education hours.		
	/ Afternoon Vorkshop (registered attendees only)	Saturday ☑ Morning ☐ Afternoon



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Name: Zack Lamkin
Signature:
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Name: CINDY CIN		
Signature: Please mark the times you at	tended the Symposium.	
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Podiatric Medical Education as a spo		
podiatric medicine. Des Moines Université de la Company de		
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Name: Samantha Luer		
Signature: AAAAA		
Please mark the times you attended the Symposium.		
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Name: JAMES M. MAHONEY

Signature:	e Symposium.
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Friday ☐ Afternoon ☐ Workshop (registered attendees only)	Saturday ☐ Morning ☐ Afternoon



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Name: Shailer Brett Martin II	
Signature: <u>Shaili Martii</u>	
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Name: Kilsey Miller	
Signature: Kelaghur	
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Thomas NoRDAUIST

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Name:	Andrea Okas		
Signatu	re: Jeellel	} ~	
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Student



Foot and Ankle Surgery Symposium April 24 – 25, 2015 Des Moines University, Des Moines, IA

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Name: __ Ben Palmer

Signature:	
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Podiatric Medical Education as a sponsor of continuing education in

CPME: Des Moines University is approved by the Council of

podiatric medicine. Des Moines University has approved this

Signature:

activity for a maximum of 10.75 continuing educ	cation contact hours.
Friday Afternoon Workshop (registered attendees only)	Saturday Morning Afternoon
Students and Other Attendees: Attendees w certificate of participation for a maximum of 8.7 education hours.	•
Friday ☐ Afternoon ☐ Workshop (registered attendees only)	Saturday Morning Afternoon



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We're requesting all attendees (including students) complete this form Please return to the registration deals. They bear

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Name: Javid W Pede	15 an	
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Name: Megan Pitts	
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Name: Leslie Pyle	
Signature: Jeslis Pyla	
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Name: Rick	P.	SALOCKER	
Signature:	Solu	le	
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Name: Naghan Sandeys		
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Kevin Smith, DIM

Signature:		
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Name: Tyler Sorensen	
Signature: Please mark the times you attended the	e Symposium.
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Podiatric Medical Education as a sponsor of copodiatric medicine. Des Moines University has activity for a maximum of 10.75 continuing educations.	approved this
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Signature: Mich Spanner	
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Name: Henry D. Spingala I		
Signature: 15 > 1.1	- 1	
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Name: BRADY STEWART	
Signature:	
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Name: Craig Stiba		
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Name: BROOKE TAPPE

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Students and Other Attendees: Attendees will be given a certificate of participation for a maximum of 8.75 continuing education hours.	
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Name: Jilliah Teslow		
Signature: JWW WHOW		
Please mark the times you attended the	e Symposium.	
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Name: Jonathan Thompson		
Signature:		
Please mark the times you attended the	e Symposium.	
CPME: Des Moines University is approved by the Council of Podiatric Medical Education as a sponsor of continuing education in podiatric medicine. Des Moines University has approved this activity for a maximum of 10.75 continuing education contact hours.		
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Name: Mitchell Thompson

Signature: Milally John		
Please mark the times you attended the	e Symposium.	
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Name: Sara Vanda Kiell

Signature:			
Please mark the times you attended th	e Symposium.		
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Name: Tavis Venes			
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Students and Other Attendees: Attendees will be given a certificate of participation for a maximum of 8.75 continuing education hours.			
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Name: JOSON Westosky			
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We're requesting all attendees (including students) complete this		
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Name: Slenn P. York DPI	4
Signature: Dem P. Joh	an
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Students and Other Attendees: Attendees with certificate of participation for a maximum of 8.75 aducation hours.	
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Name: Erm Young	
Signature: Please mark the times you attended the	e Symposium.
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