



WWW.GTEF.ORG

# GTEF No Nonsense Seminar: Complications and Controversies in Foot & Ankle

MAY 29-30, 2026

OMNI GALLERIA - HOUSTON, TX

Events support GTEF Residency  
Programs & the Sam Mendicino  
Scholarship Fund



## COLLABORATE!

Send in suggestions for topic or workshops!  
Refer sponsors and colleagues!

**Scientific Chairman:** Dr. Mark Hofbauer

**CME Hours:** 13 CME Contact Hours Offered

- Friday 1:00pm - 7:00pm
  - Diverse Lectures, Reception
- Saturday 7:30am - 5:00pm
  - Mimosas, Breakfast, Lunch & Red Bull Breaks

Graduation & Awards Dinner 7pm- 9:30pm

## CME Disclosure

Up to 13 CME Hours offered. CME Provided by GTEF, an approved continuing education provider by the Council of Podiatric Medical Education. CME sign in will be required daily. Evaluations and certificates will be emailed post conference.

## Meeting Questions?

krista.richter@yahoo.com

## Hotel

Omni Houston Hotel  
4 Riverway Dr, Houston, TX 77056  
Phone: (713) 871-8181  
Booking link at [www.gtef.org](http://www.gtef.org)  
GTEF Rate \$185  
(Based on Availability)



Collaborate, Network & Enjoy!



## REGISTRATION FORM

### Included:

- Current Trends
- Cases & Lectures
- Vendor Displays
- Reception, Lunch & Brunch

- ☐ \$355 GTEF Program Attending or Alumni
- ☐ \$525 DPM/MD Registration
- ☐ \$175 Resident/Student Registration *\*Contact GTEF for grants*
- ☐ \$95 Guest of Registered Physician
- ☐ **GTEF Graduation & Awards Dinner - \$155 per person**

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

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

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

Phone/Cell: \_\_\_\_\_

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

Attendee name (if different from above): \_\_\_\_\_

**RSVP:** Reception: # \_\_\_\_\_ Lunch: # \_\_\_\_\_ Brunch: # \_\_\_\_\_

## PAYMENT

Online Payment Available at [www.gtef.org](http://www.gtef.org).

*\*If paying by check, make out to 'GTEF' and mail to:  
12121 Richmond Ave., Ste. 417, Houston, Texas 77082  
GTEF is a 501C3 non profit entity.*

☐ Check(# \_\_\_\_\_) ☐ AMEX ☐ Visa ☐ Mastercard

CC #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV #: \_\_\_\_\_

Full Billing Address: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_