



# 2024 THE MOUNTAIN FOOT & ANKLE CONFERENCE

JANUARY 5-6, 2024  
SUN VALLEY INN  
SUN VALLEY, IDAHO

EXHIBITOR PROSPECTUS

# Conference Schedule

## Friday (1/5/2024)

10:00 a.m.- 3:00 p.m. Elective Activities

4:00-5:00 p.m. Hors d'oeuvres with Exhibitors

5:00-6:30 p.m. Kevin West - Hot Topics Nationally in Medicare Coding and Billing Audits

6:30-8:00 p.m. Wesley Flint - Sports Medicine

8:00-8:30 p.m. Break/ Dinner

8:30-10:30 p.m. Grand Rounds

## Saturday (1/6/2024)

7:00-7:30 a.m. State Business Meeting & Elections

7:30-8:00 a.m. Breakfast with Exhibitors

8:00-10:00 a.m. Jeffrey Lehrman – Billing & Coding

10:00-11:00 a.m. Jeffrey Lehrman - DME

11:00-11:15 a.m. Break

11:15-12:15 p.m. Andrea Trescot - Advances in Treatment Options for Foot and Ankle Pain

12:15-1:15 p.m. Aaron Brown

1:15-2:00 p.m. Lunch

2:00-4:00 p.m. Lawrence Osher - Imaging of Arthropathies, Bone Tumors, & Case Studies

4:00-5:00 p.m. Clinical Pathology Protocol (gout, ingrown, warts, athletes' foot, & more)

5:00-5:15 p.m. Break

5:15-7:15 p.m. Mark Mendeszoon - Management of Athletic Trauma; Evolution & Progression of Pes Plano Valgus Deformity

# Conference Overview

## Exhibit Hours

### Friday, January 5

Noon-3 p.m. Exhibitor Set Up

4:00-5:00 p.m. Hors d'oeuvres with Exhibitors

### Saturday, January 6

7:30-8:00 a.m. Breakfast with Exhibitors

11:00-11:15 a.m. Break/ Exhibit Hall

1:15-2:00 p.m. Lunch / Exhibit Hall

Exhibitor Take Down following lunch

*Each exhibition space is a tabletop. Please note this when designing your display.*

## Accommodations

The 2024 Mountain Conference will be hosted by Sun Valley Inn:

Sun Valley Inn  
1 Sun Valley Road  
Sun Valley, ID 83353

To reserve a room within the IPMA group rate, it is recommended that you do not delay in making reservations.

## Booth Cost \$1,000

Questions? Please Contact:  
Cathy Floyd, IPMA Executive Director  
executivedirector@idahopodiatrists.org  
208.695.7335

Exhibitor/Sponsorship form is below. Please send completed form to:  
Idaho Podiatric Medical Association, P.O. Box 6602, Boise, ID 83707

---

NAME \_\_\_\_\_ COMPANY \_\_\_\_\_

---

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

---

TELEPHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PAYMENT METHOD: CHECK: ENCLOSED IS A CHECK FOR THE TOTAL AMOUNT DUE  
CREDIT CARD: CHARGE MY CARD FOR THE TOTAL AMOUNT DUE \$ \_\_\_\_\_

CC# \_\_\_\_\_ EXP. DATE \_\_\_\_\_ CVV \_\_\_\_\_

---

---