



AMERICAN ORTHOPAEDIC FOOT & ANKLE SOCIETY®

RECONSTRUCTION • SPORTS MEDICINE • TRAUMA • TECHNOLOGY

Registration Form

Resident Foot & Ankle Review Webinar
Tuesday, October 17, 2017
8:00 – 9:30 pm CST

Name _____

Email Address _____

Residency Program/Institution _____

Residency Completion Year: 20__

Verification of your residency status is required for registration. Please check one of the following:

___ I am an AOFAS member or have previously registered as a resident with AOFAS (e.g., prior registration for an AOFAS webinar, meeting, or course).

___ My name is listed on my residency program's website (please provide link to webpage):

___ I am attaching a scanned letter from my residency program, on department letterhead, that verifies my residency status.

___ My program director or administrator will send an email verifying my residency status to registration@aofas.org. I understand that my registration is not complete until this verification is received.

NOTE: After completing this registration, you remain eligible to register at no charge for AOFAS webinars for the duration of your residency/fellowship training.

**Please submit your completed form to registration@aofas.org.
If you are registering for a group, please include a list of the group members
with their names, email addresses, and residency completion years.**