AMERICAN ORTHOPAEDIC
FOOT & ANKLE SOCIETY®

Registration Form

AOFAS Advanced Foot and Ankle Course

April 22-24, 2010
Philadelphia, Pennsylvania

Open to AOFAS and AAOS members, residents and fellows, non-member physicians, and allied health professionals. If you fall outside these categories, please contact the AOFAS Executive Office.

PLEASE PRINT CLEARLY. Photocopy form for additional registrants.

Full Name: _____ Degree _____

First Name/Nickname (for badge): _____

Company / Facility Name _____

Office Address _____

(NOTE: This address will be provided to attendees and exhibitors.)

City _____ State/Province _____

ZIP/Postal Code _____ Country _____

Office Phone _____ Fax _____

E-mail (required for confirmation) _____

ADA Compliance: Indicate below any on-site needs (i.e. dietary, audio/visual devices, etc.) or send a separate e-mail to *Registration@aofas.org* by April 5 to receive service(s) requested.

REGISTRATION FEES (U.S. Dollars)

One day registration is not available. All registrants must pay the full registration fee which includes course materials, admission to the sessions, exhibits, and indicated meals.

Login required. Please create new record ONLY if you do not already have one.

	By April 5	After April 5
AOFAS Member	☐ $745	☐ $795
AAOS Member	☐ $845	☐ $895
Non-member Physician	☐ $945	☐ $995
International Attendee	☐ $615	☐ $665
Resident and Fellow *(fax program verification to 847-692-3315)*	☐ $605	☐ $655
Allied Health Professional *(ATC, PT, PA, RN)*	☐ $605	☐ $655

TOTAL AMOUNT ENCLOSED $ _____

PAYMENT (Please review Cancellation/Refunds policy)

☐ Check enclosed (payable to AOFAS)

☐ Credit Card: ☐ VISA® ☐ MasterCard® ☐ AmEx®

Number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Exp. |_|_|_|_| (m m y y) Security # |_|_|_|_|

Cardholder Name (please print)

_____

Cardholder Signature

_____

Credit card billing address if different than office address

_____

Payment required at time of registration. Allow 2-3 days for processing and e-mail receipt.

Credit card payments:

Online: ***www.aofas.org***
Login required. Please do NOT create a new record if you are an AOFAS Member or have attended an AOFAS meeting within the past four years.

Fax: 847-692-3315

Phone: 800-235-4855 or 847-698-4654 (outside US)

Check or credit card payments:

Mail: American Orthopaedic Foot & Ankle Society
22271 Network Place
Chicago, IL 60673-1222