

REGISTRATION FORM
AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS
17th ANNUAL OSTEOPATHIC EDUCATORS' COURSE
FOR ORTHOPEDIC SURGERY RESIDENCY
PROGRAM DIRECTORS AND TRAINERS

Saturday
April 18, 2009

Make your check payable and mail with this form to:

American Osteopathic Academy of Orthopedics
Post Office Box 291690
Davie, FL 33329-1690

Fee:

Continental Breakfast, Coffee Breaks, and Luncheon are included.

Registrations will be accepted at the AOA Office until April 1, 2009. After April 1, 2009, you must register on-site in Chicago.

REGISTRATION FEE	Pre-registration \$ 250.00	On-Site \$ 300.00
Total amount enclosed _____ (check only)		

AOAO Tax I.D. #386073712

CREDIT CARD SERVICE IS NOT AVAILABLE
REGISTRATION CANNOT BE TAKEN OVER THE TELEPHONE

A service charge of \$25.00 will be withheld from all refunds.

Request for refunds must be made, in writing, no later than April 1, 2009.

Name _____
(Please Print)

Address _____
(Please Print)

City _____ State _____
(Please Print)

AOA Number _____ Nickname for Badge _____

Residency Program Name: _____

Sign-in will be required for the Seminar.

**CREDIT FOR THIS PROGRAM WILL ONLY BE GIVEN TO THOSE REGISTRANTS WHO COMPLETE
AND RETURN THE PROGRAM EVALUATION FORM AND ATTEND THE ENTIRE COURSE**

Check if ADA (Americans with Disabilities Act) accommodation is needed:

Please specify _____

If you have any questions, please call the AOA Office at 1-800-741-2626