

AAOS CME SKILLS COURSE RESIDENT GROUP REGISTRATION FORM



Please print and mail with check or credit card details to:

AAOS, 9400 West Higgins Road, Rosemont, Illinois 60018 *(Allow 3 weeks to process mailed registrations.)*

AAOS Surgical Skills in Total Hip and Total Knee Arthroplasty

Course #3342 • October 25 - 27, 2024 • Rosemont, IL

Registration fee per resident: \$1,849

Add Courses OnDemand Gold Registration Package (per resident): \$199

Payment enclosed \$ _____ *(U.S. Dollars only, payable to American Academy of Orthopaedic Surgeons)*

Submit Payment:

1) **PRINT AND MAIL** this form with check or credit card details to:

AAOS, 9400 W. Higgins Road, Rosemont, IL 60018 *(Allow 3 weeks to process mailed registrations)*

Credit card number: _____ Expiration date: ____ / ____ / ____

Voucher/PO number: _____ - _____ Payment expected by: ____ / ____ / ____

RESIDENCY GROUP NAME

RESIDENCY GROUP NUMBER

CONTACT NAME

CONTACT NUMBER

RESIDENTS' NAMES

ACADEMY ID (if available)
