

AAOS CME COURSE 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.) **OR**

Please print and fax with credit card details to: (847) 823-8025

AAOS Orthopaedic Board Preparation and Review Course Course #2503251 • April 15 – 19, 2025 • Virtual Course

Registration fee per resident: \$1,649

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

Payment options:

- 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)
- 2) **PRINT AND FAX** this form with credit card details to AAOS Customer Service: (847) 823-8025
- 3) **PRINT AND FAX** this form with Voucher or PO details to temporarily reserve registrations to: AAOS
Customer Service: (847) 823-8025 (Customer Service will contact you to follow up on payment)

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)
