

AAOS CME SKILLS 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.)*

AAOS Comprehensive Resident Total Hip & Knee Course: From Cutting Your Teeth to Cutting Out Implants

Course #3253 • April 25 - 27, 2025 • Rosemont, IL

Registration fee per resident: \$999

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:

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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)
