

AAOS CME SKILLS COURSE 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.)

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

Fundamental Concepts of Primary Hip and Knee Arthroplasty for Orthopaedic Residents, PGY 1–3

Course #3253 • April 29 – May 1, 2022 • Rosemont, IL

Registration fee per resident: \$250

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)
