

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.)*

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

AAOS Fundamentals of Knee & Shoulder Arthroscopy for Orthopaedic Residents

Course #3341 • September 19 – 21, 2024 • Rosemont, IL

Registration fee per resident: \$1,699

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)
