AAOS CME COURSE REGISTRATION FORM

AAOS
American Academy of Orthopaedic Surgeons

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**

58th Annual AAOS Course for Orthopaedic Educators

Course #3267 • November 9-12, 2025 • Itasca, IL

Course Tuition

Check only one:

○ AAOS Member/Candidate Member/Associate Member/International Member/U.S. Military* **$2,175**

○ Nonmember/Other Physician/International Nonmember **$2,275**

**For AAOS members in active U.S. military duty only*

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

Print clearly please

NAME _____ ACADEMY ID# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

WORK TELEPHONE _____ MOBILE TELEPHONE _____

EMAIL ADDRESS _____ FAX NUMBER _____

○ Visa ○ Mastercard ○ American Express

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

○ Check here if ADA (Americans with Disabilities Act) accommodation is desired. An AAOS staff person will contact you.