

AAOS CME COURSE GROUP REGISTRATION FORM

AAOS Fundamentals of Hip and Knee Arthroplasty for Orthopaedic Residents Course

Course #3043 • April 24 – 26, 2026 • Rosemont, IL

Registration fee per resident: \$999

Payment enclosed \$ _____ (Made 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 EMAIL** this form to Heather Welcing at welcing@aaos.org. For safety and security, omit credit card information when emailing. (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)

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Cancellation & Refund Policy

Cancellation requests must be submitted in writing to AAOS, 9400 W. Higgins Rd., Rosemont, IL 60018 or email customerservice@aaos.org. Course cancellations are subject to the following refund policy: 30+ days prior to the course—course fee less \$200 (cancellation fee) will be issued; 29 days or less prior to the course—no refunds will be issued. The Academy reserves the right to cancel a course at any time. Any person who has registered for the course will be notified by email at the address noted in the AAOS member database. Costs incurred by the registrant, such as airline or hotel penalties, are the responsibility of the registrant.