

# 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 #3055 • September 10 – 12, 2026 • 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)

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