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

Advanced Concepts of Complex Primary and Revision Hip and Knee Arthroplasty for Orthopaedic Residents, PGY 3-5

Course #3254 • June 3-5, 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)		