# AAOS CME COURSE
# GROUP REGISTRATION FORM

AAOS
American Academy of Orthopaedic Surgeons

## AAOS Orthopaedic Board Preparation and Review Course

### Course #3041 • April 18 – 22, 2023 • Virtual Course

**Registration fee per resident: $1,649**

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 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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