

Registration Form

2012 PRACTICE MANAGEMENT/CODING WORKSHOPS



American College of
Foot and Ankle Surgeons®

Proven leaders. Lifelong learners. Changing lives.

Please check one: 2-Day Workshop & 1 Roundtable Event Roundtable Event Only

JUNE 1-2, 2012
PORTLAND, OR

OCTOBER 12-13, 2012
ARLINGTON, VA



Physician's Name _____

will attend will not attend

If attending select one: Contract Consternation Coding and Practice Professionals

Address _____

City _____

State _____

Zip/Postal Code _____

Daytime Phone _____

Fax _____

Active E-mail address (required) _____

Years in Practice _____

Workshop Site Requested (check one)

June 1-2, 2012 — Portland

October 12-13, 2012 — Arlington

2-Day Workshop/1 Roundtable Registration Fees¹

\$535 ACFAS Member Physician or Member Physician's Staff

\$460² ACFAS Member in Practice 5 years or less

\$650³ Non-ACFAS Member Physician or Non-ACFAS Member Physician's Staff

\$285 ACFAS Resident Member

¹Fee is inclusive; there is no discount if you do not attend an evening Roundtable event.

Total \$ _____

²\$460 ACFAS Member in Practice Discount Fee is **not available online**.

³Note: A non-ACFAS member physician(s) from the same office as a member physician must pay the non-ACFAS member fee regardless of whether or not the member physician is also attending the program.

2-Day Workshop and One (select one) Roundtable Event. Staff Members(s) and/or Additional Physicians from same practice:

Name _____ Contract Consternation Coding and Practice Professionals \$ _____

Name _____ Contract Consternation Coding and Practice Professionals \$ _____

Name _____ Contract Consternation Coding and Practice Professionals \$ _____

2-Day Workshop tuition includes: all instruction, continental breakfast and refreshment breaks each day and lunch on Friday, and a comprehensive take-home workbook reference guide. **Note:** If you have any special dietary needs, notify the ACFAS at the time you register. Total \$ _____

Roundtable Event Only. Staff Members(s) and/or Additional Physicians from same practice. Select one:

Name _____ Contract Consternation — \$45 Coding/Practice Professionals — \$30 \$ _____

Name _____ Contract Consternation — \$45 Coding/Practice Professionals — \$30 \$ _____

Name _____ Contract Consternation — \$45 Coding/Practice Professionals — \$30 \$ _____

Total \$ _____

My check payable to: American College of Foot and Ankle Surgeons is enclosed.

Please check one: Visa MC AMEX

Grand Total \$ _____

Account Number _____

Security Number (VISA/MC—last 3 digits on back; AMEX—4 digits on front) _____

Exp. Date _____

Card Holder Signature _____

You may register online at www.acfas.org OR mail or fax completed registration form(s) to:

American College of Foot and Ankle Surgeons

Attn: Education Department | 8725 West Higgins Road, #555 | Chicago, IL 60631-2724 | Phone: 800.421.2237 Fax: 800.382.8270

Office use only:

Batch# _____

Approval# _____

Check# _____

Amount \$ _____