

Pre-Conference Workshops Registration Form

Wednesday, February 13, 2019 | Ernest N. Morial Convention Center | New Orleans

Register online at acfas.org/neworleans

Please print legibly.

Name _____ Please Circle: DPM MD/DO PhD
Company _____ Telephone _____
Address _____ Fax _____
City _____ State _____ Zip/Postal Code _____ E-mail _____

1 Coding and Billing for the Foot and Ankle Surgeon

Registration Fees:

\$330 ACFAS Member Physician or Member Physician's Staff
\$415* Non-ACFAS Member Physician or Non-ACFAS Member Physician's Staff

Enter total number of registrants:

_____ @ \$330 each = \$ _____

_____ @ \$415* each = \$ _____

Total Fees: \$ _____

*Note: A non-ACFAS member physician(s) from the same office as a member physician must pay the non-ACFAS member fee of \$415 regardless of whether or not the member physician is also attending the program.

Physician Name _____

Will attend seminar Will not attend seminar

Staff member(s) and/or additional physicians from the same practice registering for *Coding and Billing for the Foot and Ankle Surgeon Workshop*:

Name _____

Name _____

Name _____

Name _____

2 Lateral Ankle Instability: It's All About the Soft Tissues and the Bone

3 Grand Rounds: Optimizing Outcomes for Your Most Challenging Cases

Registration Fees:

ACFAS Member?

Yes—\$200 No—\$330 **Total Fee: \$ _____**

Select workshop(s) by checking the appropriate box(es):

Workshop 2 — Lateral Ankle Instability
(7:30 am – 12:00 Noon)

Workshop 3 — Grand Rounds (12:30 – 5:00 pm)

I am submitting a case on the following topic to wallace@acfas.org.
(Select only one topic.)

1st MPJ Fusion

Ankle Fusion (Non-Charcot)

Flatfoot—Non-Fusion
Realignment

Bone Graft Harvest Options

Register online by visiting acfas.org/neworleans; or you may fax (800.382.8270) or e-mail (hjelm@acfas.org) or mail your registration 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



**American College of
Foot and Ankle Surgeons®**

Proven leaders. Lifelong learners. Changing lives.

Attendees with Special Needs/Kosher Meal Requests: If you have special needs addressed by the Americans with Disabilities Act, or special dietary needs, notify the ACFAS at the time you register. Phone: 800.421.2237; e-mail: hjelm@acfas.org. Kosher lunches will not be available unless requested by January 28, 2018.

Kosher Lunch Requested (Coding and Osteotomies Workshop registrants only)

Please make checks payable to: American College of Foot and Ankle Surgeons (U.S. Funds only)

Check one: Check Enclosed Visa MC AMEX

Card No. _____ Exp. Date _____

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

Signature of the Card Holder _____

Office use only: Batch # _____ Approval# _____ Check # _____ Amount \$ _____