American College of Foot and Ankle Surgeons®
Proven leaders. Lifelong learners. Changing lives.

Residents' Day
Wednesday, February 13, 2019
Ernest N. Morial Convention Center
New Orleans, LA

Registration Form

Register online at acfas.org/residentsday

(Please print legibly)

Name: _____DPM Resident

Address:_____

City: _____ State: _____ Zip: _____

Daytime Phone: _____Fax: _____

E-mail Address: _____

Registration Fee:
☐ ACFAS Member Resident: $89
☐ Non-Member Resident: $110

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, 2019.
☐ **Kosher Lunch Requested** (Coding and Common Osteotomies Workshop registrants only)

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

Please charge my credit card: ☐ MC ☐ Visa ☐ AMEX

Card No. _____ Exp. Date _____

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

Signature of Card Holder _____

Register online: acfas.org/residentsday
Or e-mail, fax, or mail your registration to:
American College of Foot and Ankle Surgeons
Attn: Education Department
8725 West Higgins Road, #555
Chicago, IL 60631-2724
E-mail: hjelm@acfas.org Phone: 800.421.2237 Fax: 800.382.8270

Office Use Only
Batch #_____ Approval #_____Check #_____Amount $_____