

# Pre-Conference Workshops Registration Form

Wednesday, February 18, 2020 | Henry B. Gonzalez Convention Center | San Antonio

Register online at [acfas.org/sanantonio](http://acfas.org/sanantonio)

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:

\$340 ACFAS Member Physician or Member Physician's Staff  
\$430\* Non-ACFAS Member Physician or Non-ACFAS Member Physician's Staff

Enter total number of registrants:

\_\_\_\_\_ @ \$340 each = \$ \_\_\_\_\_

\_\_\_\_\_ @ \$430\* 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 \$430 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 \_\_\_\_\_



**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](mailto:hjelm@acfas.org). Kosher lunches will not be available unless requested by January 28, 2020.*

**Kosher Lunch Requested** (Coding and High Frequency 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 \$ \_\_\_\_\_

## 2 Diabetic Deformity: Master Techniques in Reconstruction

## 3 High Frequency Foot Surgery Techniques

### Registration Fees:

ACFAS Member?

Yes—\$300  No—\$380 **Total Fee: \$** \_\_\_\_\_

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

**Workshop 2** — Diabetic Deformity: Master Techniques in Reconstruction (7:30 am – 12:00 Noon)

**Workshop 3** — High Frequency Foot Surgery Techniques (12:30 – 5:00 pm)

**Register online by visiting [acfas.org/santantonio](http://acfas.org/santantonio); or you may fax (800.382.8270) 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