



## Registration Form

**Register online at [acfas.org/residentsday](http://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](mailto:hjelm@acfas.org).

Kosher lunches will not be available unless requested by January 27, 2020.

**Kosher Lunch Requested**

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](http://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](mailto:hjelm@acfas.org)

Phone: 800.421.2237

Fax: 800.382.8270

**Office Use Only**

Batch # \_\_\_\_\_ Approval # \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_