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

Residents' Day
Monday, May 17, 2021
Mandalay Bay Convention Center
Las Vegas, NV

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: $69
☐ Non-Member Resident: $85

☐ My check payable to the *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 _____

Please do not email credit card information.

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 $_____