

Virtual, Live-Streamed Coding and Billing for the Foot and Ankle Surgeon

Registration Form

Monday, May 17, 2021 | Live Streamed from Las Vegas to Your Own Home or Office

Register online at acfas.org/LasVegas

Please print legibly.

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

Registration Fees:

\$250 ACFAS Member Physician or Member Physician's Staff

\$310 Non-ACFAS Member Physician or Non-ACFAS Member Physician's Staff

Enter total number of registrants:

_____ @ \$250 each = \$ _____

_____ @ \$310 each = \$ _____

Total Fees: \$ _____

**Register online by visiting acfas.org/LasVegas;
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



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

Proven leaders. Lifelong learners. Changing lives.

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 _____

Please do not email credit card information.

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