

REGISTRATION FORM

2018 Coding & Billing for the Foot and Ankle Surgeon Seminar



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

Register online at acfas.org

Or mail / fax completed registration form(s) to:
American College of Foot and Ankle Surgeons
Attn: Education Department

8725 West Higgins Road, #555 Phone: 800-421-2237
Chicago, IL 60631-2724 Fax: 800-382-8270 Email: sheila.alegria@acfas.org

Seminar tuition includes:

12 Continuing Education Contact hours,
two continental breakfasts, one lunch,
refreshment breaks, and a comprehensive
take-home workbook reference guide.

Seminar Site Requested (check one)

July 13-14 – Portland, OR October 19 – 20 – Chicago, IL

(Please type or print clearly)

Physician's Name: _____ will attend will not attend

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (_____) _____ Fax: (_____) _____

Active Email Address (required): _____

Staff Member(s) and/or Additional Physicians from same practice registering for Seminar

Name: _____ Name: _____

Name: _____ Name: _____

Registration Fees		Enter Total No. of Registrants
ACFAS Member (Physician or Member Physician's Staff)	\$575	
ACFAS Member (in Practice 5 years or less)	\$500*	
Non-ACFAS Member (Physician or Non-ACFAS Member Physician's Staff)	\$690**	
ACFAS Resident Member	\$285	
Grand Total		

*Note: Member Only Discount Price is **not available online** (in practice 5 years or less).

**Note: A non-ACFAS member physician(s) from the same office as a member physician must pay the non-ACFAS member fee regardless of whether or not the member physician is also attending the program.

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

Please charge my credit card: VISA MC AMEX

Account Number: _____ Exp. Date: _____

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

Signature: _____

ATTENDEES WITH SPECIAL NEEDS. If you have special needs addressed by the Americans with Disabilities Act, or if you have special dietary needs, notify the ACFAS at the time you register. Phone 800-421-2237; email sheila.alegria@acfas.org. Kosher meals can only be provided if requested at least two (2) weeks prior to the start of the meeting.

Office Use Only:

Batch No. _____ Check No. _____ Approval No. _____ Amount: _____