

REGISTRATION FORM

2019 Coding and 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/EDUCATION

Or mail / fax completed registration form(s):
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

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 26-27 – Dallas, TX

September 20-21 – Teaneck, NJ

(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 (circle appropriate fee)		Enter Total No. of Registrants
ACFAS Member (Physician or Member Physician's Staff)	\$595	
Non-ACFAS Member (Physician or Non-ACFAS Member Physician's Staff)	\$745*	
ACFAS Resident Member	\$385	
Grand Total		

*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 as indicated: AMERICAN EXPRESS MASTERCARD VISA

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 ACFAS at the time you register. Phone (800) 421-2237; sheila.alegria@acfas.org. Kosher meals can only be provided if requested two (2) weeks prior to the start of the meeting.

Office Use Only:

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