

Pre-Conference Workshops Registration Form

Wednesday, February 23, 2022 | Austin, TX



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

Print clearly or type.

Name _____

Please select one: DPM MD/DO PhD

Company _____

Address _____

City /State _____

Zip/Postal Code _____

Telephone _____

Fax _____

E-mail _____

Attendees with Special Needs/Kosher Meal Requests

If you have special needs addressed by the Americans with Disabilities Act, or special dietary needs, notify ACFAS at the time you register. Phone: **800.421.2237**; e-mail: hjelm@acfas.org. Kosher lunches will not be available unless requested by January 31, 2022. Be sure to check the box below.

Kosher Lunch requested

Register online at acfas.org/Austin, or via fax (**800.382.8270**), or mail your registration form and payment. Make checks payable to: American College of Foot and Ankle Surgeons

PLEASE CHECK ONE:

Check Enclosed Send Payment Link*

*You will have 14 days to submit payment in full. After 14 days, your ACFAS 2022 registration will be automatically canceled.

FEES

Workshops	Category	Price	Enter number of Member registrants	Total Cost
1 Coding and Billing for the Foot and Ankle Surgeon				
8:00 am-5:30 pm	Member Price	\$360		
Hilton Austin	Non-Member Price	\$450		
Physician Name: _____		Staff member(s) and/or additional physicians from the same practice registering for the <i>Coding and Billing for the Foot and Ankle Surgeon</i> Workshop:*	Name: _____	
<input type="checkbox"/> Will attend workshop			Name: _____	
<input type="checkbox"/> Will not attend workshop			Name: _____	
2 Forefoot Revisions: Managing Failed Procedures				
7:30 am-12:00 Noon	Member Price	\$310		
Austin Convention Center	Non-Member Price	\$390		
3 Essential Rearfoot Procedures				
12:30-5:00 pm	Member Price	\$310		
Austin Convention Center	Non-Member Price	\$390		
4 Coding Fundamentals				
2:30-5:15 pm Hilton Austin	Member Price	\$175		
	Non-Member Price	\$235		
	Resident Member	\$125		
	Resident Non-Member	\$165		
Physician Name: _____		Staff member(s) and/or additional physicians from the same practice registering for the <i>Coding Fundamentals</i> program:*	Name: _____	
<input type="checkbox"/> Will attend workshop			Name: _____	
<input type="checkbox"/> Will not attend workshop			Name: _____	
GRAND TOTAL				

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

Office use only:

Batch # _____ Approval# _____ Check # _____ Amount \$ _____

