Total Ankle Arthroplasty Application/Registration

Registration fee includes: 18.5 Continuing Education Contact Hours, Friday evening opening session with refreshments, Saturday and Sunday breakfasts, lunches and refreshment breaks.

Mail or fax this form with documentation

American College of Foot and Ankle Surgeons
Attn: Education Department
8725 W. Higgins Rd., Suite 555
Chicago, IL 60631-2724
Phone: 800.421.2237
Fax: 800.382.8270

I wish to register for the Total Ankle Arthroplasty Course September 6–8, 2019

Name _____ Please Circle: DPM MD/DO PhD

Company _____ Telephone _____

Address _____ Fax _____

City _____ State _____ Zip/Postal Code _____ E-mail _____

Indicate type of certification and provide ONE of the documentation options:

☐ **Foot & Ankle — ABFAS Certified (provide 1)**

- ☐ I have performed Ankle Replacement Surgery (3 redacted operative reports included)
- ☐ I have performed 10 Ankle Fusions in the last 3 years (3 redacted operative reports included)
- ☐ I have privileges to do Ankle Fusion at my hospital but do not have access to patient records (confirmation letter from hospital included)

or

☐ **RRA — ABFAS Certified (provide 1)**

- ☐ I have performed Ankle Replacement Surgery (3 redacted operative reports included)
- ☐ I have performed 10 Ankle Fusions in the last 3 years (3 redacted operative reports included)
- ☐ I have privileges to do Ankle Fusion at my hospital but do not have access to patient records (confirmation letter from hospital included)
- ☐ I have not performed Ankle Fusion in practice (copy of residency log included)

Tuition: ☐ **ACFAS Members: $2,295** ☐ **Non-Members: $2,600**
Note: Resident registrations NOT accepted

Make checks payable to: *American College of Foot and Ankle Surgeons*

Please check one: ☐ Check Enclosed ☐ AMEX ☐ Mastercard ☐ Visa

Account Number: _____ Exp. Date: _____

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

Card Holder Signature: _____

Note: If you have special needs addressed by the Americans with Disabilities Act, or if you have special dietary needs, notify us at the time you register. Call us or e-mail: hjelm@acfas.org, (Kosher meals can only be provided if requested at least two (2) weeks prior to the start of the course.)

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

Office use only:

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