

# Total Ankle Arthroplasty Application/Registration

**Registration fee includes:** 17.5 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 May 19-21, 2017**

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**

- 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)

**RRA — ABFAS Certified**

- 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: \$2,200**  **Non-Members: \$2,500**

**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](mailto: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 \$
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