

# Registration Form

## 2012 PRACTICE MANAGEMENT/CODING WORKSHOPS



American College of  
Foot and Ankle Surgeons®

Proven leaders. Lifelong learners. Changing lives.

Please check one:  2-Day Workshop & 1 Roundtable Event  Roundtable Event Only

JUNE 1-2, 2012  
PORTLAND, OR

OCTOBER 12-13, 2012  
ARLINGTON, VA



Physician's Name \_\_\_\_\_

will attend  will not attend

If attending select one:  Contract Consternation  Coding and Practice Professionals

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Fax \_\_\_\_\_

Active E-mail address (required) \_\_\_\_\_

Years in Practice \_\_\_\_\_

### Workshop Site Requested (check one)

June 1-2, 2012 — Portland

October 12-13, 2012 — Arlington

### 2-Day Workshop/1 Roundtable Registration Fees<sup>1</sup>

\$535 ACFAS Member Physician or Member Physician's Staff

\$460<sup>2</sup> ACFAS Member in Practice 5 years or less

\$650<sup>3</sup> Non-ACFAS Member Physician or Non-ACFAS Member Physician's Staff

\$285 ACFAS Resident Member

<sup>1</sup>Fee is inclusive; there is no discount if you do not attend an evening Roundtable event.

Total \$ \_\_\_\_\_

<sup>2</sup>\$460 ACFAS Member in Practice Discount Fee is not available online.

<sup>3</sup>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.

### 2-Day Workshop and One (select one) Roundtable Event. Staff Members(s) and/or Additional Physicians from same practice:

Name \_\_\_\_\_  Contract Consternation  Coding and Practice Professionals \$ \_\_\_\_\_

Name \_\_\_\_\_  Contract Consternation  Coding and Practice Professionals \$ \_\_\_\_\_

Name \_\_\_\_\_  Contract Consternation  Coding and Practice Professionals \$ \_\_\_\_\_

**2-Day Workshop tuition includes:** all instruction, continental breakfast and refreshment breaks each day and lunch on Friday, and a comprehensive take-home workbook reference guide. **Note:** If you have any special dietary needs, notify the ACFAS at the time you register. Total \$ \_\_\_\_\_

### Roundtable Event Only. Staff Members(s) and/or Additional Physicians from same practice. Select one:

Name \_\_\_\_\_  Contract Consternation — \$45  Coding/Practice Professionals — \$30 \$ \_\_\_\_\_

Name \_\_\_\_\_  Contract Consternation — \$45  Coding/Practice Professionals — \$30 \$ \_\_\_\_\_

Name \_\_\_\_\_  Contract Consternation — \$45  Coding/Practice Professionals — \$30 \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

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

Please check one:  Visa  MC  AMEX

Grand Total \$ \_\_\_\_\_

Account Number \_\_\_\_\_

Security Number (VISA/MC—last 3 digits on back; AMEX—4 digits on front) \_\_\_\_\_

Exp. Date \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

You may register online at [www.acfas.org](http://www.acfas.org) OR mail or fax completed registration form(s) to:

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

Office use only:

Batch# \_\_\_\_\_

Approval# \_\_\_\_\_

Check# \_\_\_\_\_

Amount \$ \_\_\_\_\_