Registration Form

Name: ____________________________ □ DPM □ Other
Address: ____________________________
City: ____________________________ State: __________ Zip: __________
Phone: ( ) Fax: ( )

I wish to register for the following ACFAS Continuing Education Course(s):

- **Foot and Ankle Arthroscopy Surgical Skills Course**
  - June 15-16, 2012 (Friday/Saturday)
  - Tuition: ACFAS Members/Resident Members: $1,640
  - Non-Members/Non-Member Residents: $1,895
  - **SOLD OUT**

- **Foot and Ankle Arthroscopy Surgical Skills Course**
  - August 11-12, 2012 (Saturday/Sunday)
  - Tuition: ACFAS Members/Resident Members: $1,640
  - Non-Members/Non-Member Residents: $1,895
  - **SOLD OUT**

- **Surgical Solutions for Complications of the Foot and Ankle Courses**
  - November 2, 2012—Forefoot (Friday)
  - Tuition: ACFAS Members/Resident Members:
    - $835/per one-day course
    - Non-Members/Non-Member Residents:
      - $1,095/per one-day course
  - November 3, 2012—Rearfoot and Ankle (Saturday)
  - Tuition: ACFAS Members/Resident Members:
    - $835/per one-day course
    - Non-Members/Non-Member Residents:
      - $1,095/per one-day course

  ACFAS Member/Resident Member? □ Yes $1,640 □ No $1,895
  Surgical Solutions for Complications of the Foot and Ankle Courses (Forefoot OR Rearfoot and Ankle—one day each)
  ACFAS Member/Resident Member? □ Yes $835 □ No $1,095

Method of Payment

□ My check payable to American College of Foot and Ankle Surgeons is enclosed.
Charge my: □ Visa □ MC □ AMEX

Account No: ____________________________ Exp. Date: ____________________________

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

Card Holder Signature: ____________________________

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**American College of Foot and Ankle Surgeons**

Mail or Fax your registration form to:
American College of Foot and Ankle Surgeons
Mary V. Meyers, Director of Education Curriculum and Alliances
8725 W. Higgins Rd., Suite 555
Chicago, IL 60631-2724
Phone: 800.421.2237
Fax: 800.382.8270

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Office Use Only

Batch No. ____________________________
Check No. ____________________________
Approval No. ____________________________
Amount $ ____________________________

Register online by visiting our web site at **www.acfas.org**