

# Registration Form

Name: \_\_\_\_\_  DPM  Other

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

## Foot and Ankle Arthroscopy Surgical Skills Course **SOLD OUT**

June 15-16, 2012 (Friday/Saturday)

Tuition: ACFAS Members/Resident Members: \$1,640  
Non-Members/Non-Member Residents: \$1,895

## Trauma of the Foot & Ankle Surgical Skills Course

November 10-11, 2012 (Saturday/Sunday)

Tuition: ACFAS Members/Resident Members: \$1,640  
Non-Members/Non-Member Residents: \$1,895

## Foot and Ankle Arthroscopy Surgical Skills Course **SOLD OUT**

August 11-12, 2012 (Saturday/Sunday)

Tuition: ACFAS Members/Resident Members: \$1,640  
Non-Members/Non-Member Residents: \$1,895

## **SOLD OUT** Foot and Ankle Arthroscopy Surgical Skills Course

December 15-16, 2012 (Saturday/Sunday)

Tuition: ACFAS Members/Resident Members: \$1,640  
Non-Members/Non-Member Residents: \$1,895

## Surgical Solutions for Complications of the Foot and Ankle Courses

November 2, 2012—Forefoot (Friday)

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

**Registration fee includes:** 16 Continuing Education Contact Hours (8 Continuing Education Contact Hours for each one-day *Surgical Solutions for Complications of the Foot and Ankle* course), breakfast, refreshment breaks and lunch(es). Dinner/Fireside is also included for two-day courses. **Note:** If you have any special dietary needs notify the ACFAS at the time you register.

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: \_\_\_\_\_



**American College of  
Foot and Ankle Surgeons®**

*Proven leaders. Lifelong learners. Changing lives.*

**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

### Office Use Only

\_\_\_\_\_

Batch No.

\_\_\_\_\_

Check No.

\_\_\_\_\_

Approval No.

\_\_\_\_\_

Amount \$

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