



Online Registration is NOT available for this course.

Fax your registration form to ACFAS at: 800.382.8270 or e-mail to hjelm@acfas.org.

Name: _____ Please Select: DPM MD DO PhD

Company: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Telephone: _____ Fax: _____ Email: _____

Course Prerequisites: Prior to your registration for the ACFAS Total Ankle Arthroplasty course being processed, you must provide **one** of the following with this form.

Check all that apply:

Foot & Ankle – ABFAS Certified

- I have performed Ankle Replacement Surgery (3 redacted operative reports included) **OR**
- I have performed 10 Ankle Fusions in last 3 years (3 redacted operative reports included) **OR**
- I have privileges to do ankle fusion at my hospital (confirming letter from my hospital included) but do not have access to patient records.

RRA – ABFAS Certified

- I have performed Ankle Replacement Surgery (3 redacted operative reports included) **OR**
- I have performed 10 Ankle Fusions in last 3 years (3 redacted operative reports included) **OR**
- I have privileges to do ankle fusion at my hospital, (confirming letter from my hospital included) but do not have access to patient records.
- If you haven't performed Ankle Fusions in practice, provide a copy of your Residency Log

I wish to register for the Total Ankle Arthroplasty Course April 18-19, 2015:

Tuition: ACFAS Members: \$2,200 Non-Members: \$2,500

Note: Resident registrations will NOT be accepted for this course.

Registration fee includes:

16 Continuing Education Contact Hours, three (3) cadaveric specimens per registrant, breakfasts, lunches and refreshment breaks. Saturday night Dinner/Fireside is also included.

Note: If you have any special needs addressed by the Americans with Disabilities Act, or require a Kosher lunch, notify the ACFAS at the time you register. Phone: 800.421.2237; e-mail: hjelm@acfas.org.

Method of Payment

ACFAS Member/Resident Member? Yes- \$2,200 No - \$2,500

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

Please charge my: VISA MasterCard AMEX

Account No: _____ Expire Date: _____

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

Signature: _____

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 \$ _____