

Registration Form

REGISTRATION DEADLINE (ONLINE or FAX) OCTOBER 1, 2014

MAILED REGISTRATIONS MUST BE POSTMARKED ON or PRIOR TO SEPTEMBER 15, 2014
REGISTER ONSITE AFTER OCTOBER 1, 2014 – \$100 FEE WILL APPLY

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

FIRST NAME _____		FAMILY (LAST) NAME _____		DEGREE _____	
ADDRESS <input type="checkbox"/> Home <input type="checkbox"/> Office Address _____					
CITY _____		STATE/PROVINCE _____		POSTAL CODE _____ COUNTRY _____	
() _____		() _____			
TELEPHONE <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell _____		FAX _____		E-MAIL <input type="checkbox"/> Office <input type="checkbox"/> Personal _____	

ANNUAL MEETING REGISTRATION FEES U.S. FUNDS

Postmarked by: September 15, 2014. Fees increased \$100 USD on site.

- | | |
|--|--------------|
| <input type="checkbox"/> OTA Member | \$250.00 USD |
| <input type="checkbox"/> Non-member | \$750.00 USD |
| <input type="checkbox"/> Medical Resident Non-member or Non-member Health Care Personnel | \$450.00 USD |
- Please provide Residency Program Director:

WEDNESDAY, OCTOBER 15

- | | Non-member | OTA Member |
|---|--------------|--------------|
| <input type="checkbox"/> Basic Science Focus Forum – pg. 5 | \$350.00 USD | \$250.00 USD |
| <input type="checkbox"/> Orthopaedic Trauma Boot Camp – pg. 10 | \$350.00 USD | \$250.00 USD |
| <input type="checkbox"/> International Trauma Care Forum – pg. 12 | \$75.00 USD | \$75.00 USD |
| <input type="checkbox"/> International Reception (<i>All International Participants Welcome</i>) – pg. 15 | FREE | FREE |
| <input type="checkbox"/> Masters Level Trauma Coding Course – pg. 16 | \$300.00 USD | \$200.00 USD |

THURSDAY, OCTOBER 16

- | | | |
|--|----------------------|----------------------|
| <input type="checkbox"/> Young Practitioners Forum – pg. 18 | \$75.00 USD | \$75.00 USD |
| <input type="checkbox"/> Orthopaedic Trauma for PAs and NPs 10/16/14 – 10/18/14 – pg. 32 | \$400.00 USD | \$275.00 USD |
| <input type="checkbox"/> Welcome Reception – pg. 42 | FREE | FREE |
| <input type="checkbox"/> Guest Reception Ticket(s) <input type="text"/> # of persons attending X \$65.00 USD | <input type="text"/> | <input type="text"/> |

FRIDAY, OCTOBER 17

- | | | |
|--|------|------|
| <input type="checkbox"/> Women in Orthopaedic Trauma Luncheon – pg. 31 | FREE | FREE |
| <input type="checkbox"/> New Member Luncheon – pg. 31 | FREE | FREE |
| <input type="checkbox"/> Military Reception – pg. 31 | FREE | FREE |
| <input type="checkbox"/> PA/NP Reception – pg. 31 | FREE | FREE |

TOTAL \$

RESERVED SESSIONS | TICKETS REQUIRED

1st Choice # (Only check one)

2nd Choice # (Only check one)

Industry Symposia – pg. 35

Thursday Lunch 11:00 am – 12:45 pm IS1 IS2 IS3 IS4 IS5 IS6 IS1 IS2 IS3 IS4 IS5 IS6

Poster Tours – pg. 40

Friday Lunch 11:55 am – 12:40 pm PT1 PT2 PT1 PT2

Friday Evening 5:45 pm – 6:30 pm PT3 PT4 PT3 PT4

Saturday Lunch 12:35 pm – 1:20 pm PT5 PT6 PT5 PT6

Skills Labs – pg. 39

Friday Morning 6:30 am – 7:45 am SL1 SL2 SL1 SL2

Friday Morning 9:33 am – 10:48 am SL3 SL4 SL3 SL4

Saturday Morning 6:30 am – 7:45 am SL5 SL6 SL5 SL6

METHOD OF PAYMENT

- Check Enclosed VISA MasterCard American Express

CARD NUMBER _____ EXP. DATE _____ CVV # _____

NAME (AS IT APPEARS ON CARD) _____

SIGNATURE (I AGREE TO PAY ACCORDING TO THE CREDIT CARD ISSUER AGREEMENT) _____

REFUNDS: OTA office must receive written notice of cancellation for a refund less a \$100.00 USD processing fee.
NO refunds after October 15, 2014.

Make checks payable to: Orthopaedic Trauma Association, 6300 N. River Road, Suite 727, Rosemont, IL, 60018 USA

REGISTER ON-SITE AFTER OCTOBER 1, 2014 - AN ADDITIONAL \$100 USD FEE WILL APPLY.
All company representatives must use Exhibitor Registration Form (email ota@aaos.org).

TAMPA
2014

