

2017 ANNUAL MEETING REGISTRATION FORM

ENTER AAOS ID NUMBER
(required for CME Credit)

FIRST NAME _____ LAST NAME/FAMILY NAME/SURNAME _____ DEGREE(S) _____

HOME OFFICE _____ STREET MAILING ADDRESS _____

CITY _____ STATE/PROVINCE _____ POSTAL CODE _____ COUNTRY _____

HOME OFFICE CELL PHONE _____ OFFICE PERSONAL EMAIL _____

ON DEMAND GOLD REGISTRATION PACKAGE
ANNUAL MEETING REGISTRATION + ANNUAL MEETING ON DEMAND
(see page 52 for detail)

OTA MEMBER \$ 550
NON-MEMBER 1,050

**NON-MEMBER MEDICAL RESIDENT/FELLOW 750
**NON-MEMBER HEALTH CARE PROFESSIONAL 750

**ON/BEFORE
10/1/17** **AFTER
10/1/17**

\$ 550 \$ 650
 1,050 1,150
 750 850
 750 850

SUB-TOTAL \$ _____

ANNUAL MEETING (ONLY) REGISTRATION

OTA MEMBER \$ 250
NON-MEMBER 750

**NON-MEMBER MEDICAL RESIDENT/FELLOW 450
**NON-MEMBER HEALTH CARE PROFESSIONAL 450

**ON/BEFORE
10/1/17** **AFTER
10/1/17**

\$ 250 \$ 350
 750 850
 450 550
 450 550

SUB-TOTAL \$ _____

WEDNESDAY, OCTOBER 11th EVENTS

	OTA MEMBER ON/BEFORE 10/1/17	OTA MEMBER AFTER 10/1/17	NON-MEMBER ON/BEFORE 10/1/17	NON-MEMBER AFTER 10/1/17
BASIC SCIENCE FOCUS FORUM	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$ 450
E&M & CPT CODING FOR TRAUMA SURGEONS	<input type="checkbox"/> 250	<input type="checkbox"/> 350	<input type="checkbox"/> 350	<input type="checkbox"/> 450
ORTHOPAEDIC TRAUMA BOOT CAMP	<input type="checkbox"/> 275	<input type="checkbox"/> 375	<input type="checkbox"/> 400	<input type="checkbox"/> 500
INTERNATIONAL ORTHO TRAUMA CARE FORUM	<input type="checkbox"/> 150	<input type="checkbox"/> 200	<input type="checkbox"/> 200	<input type="checkbox"/> 250
INTERNATIONAL RECEPTION	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
ORTHOPAEDIC TRAUMA FOR PAs and NPs	<input type="checkbox"/> 250	<input type="checkbox"/> 350	<input type="checkbox"/> 400	<input type="checkbox"/> 500
**RESIDENT COMPREHENSIVE FRACTURE COURSE	<input type="checkbox"/> 725	<input type="checkbox"/> 725	<input type="checkbox"/> 725	<input type="checkbox"/> 725

** (circle one) PGY1 PGY2 PGY3 PGY4 PGY5

SUB-TOTAL \$ _____

THURSDAY, OCTOBER 12th EVENTS

	OTA MEMBER ON/BEFORE 10/1/17	OTA MEMBER AFTER 10/1/17	NON-MEMBER ON/BEFORE 10/1/17	NON-MEMBER AFTER 10/1/17
YOUNG PRACTITIONERS FORUM	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$ 100	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$ 100
WELCOME RECEPTION	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
GUEST WELCOME RECEPTION	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE

PERSONS _____ X \$65/ea.

SUB-TOTAL \$ _____

FRIDAY, OCTOBER 13th EVENTS

	OTA MEMBER ON/BEFORE 10/1/17	OTA MEMBER AFTER 10/1/17	NON-MEMBER ON/BEFORE 10/1/17	NON-MEMBER AFTER 10/1/17
MILITARY RECEPTION	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
NEW MEMBER LUNCHEON	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
WOMEN IN ORTHOPAEDIC TRAUMA LUNCHEON	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE

- All Fees in US Dollars - TOTAL \$ _____ TOTAL \$ _____

RESERVED SESSIONS
NO ADDITIONAL CHARGE / TICKETS REQUIRED

INDUSTRY SYMPOSIA
(please select only 1 per day - see page 28 for detail)

WEDNESDAY EVENING 6:30 PM - 8:00 PM

THURSDAY LUNCH 11:15 AM - 12:45 PM

POSTER & VIDEO TOURS
(please select only 1 per day - see page 52 for detail)

FRIDAY LUNCH 12:25 PM - 1:10 PM

FRIDAY EVENING 5:35 PM - 6:20 PM

SATURDAY LUNCH 12:55 PM - 1:40 PM

SKILLS LABS
(see page 33 for detail)

FRIDAY MORNING 8:00 AM - 9:00 AM

FRIDAY AFTERNOON 1:15 PM - 2:15 PM

SPECIAL EVENTS
(see pages 51 and 52 for details)

YOGA

3rd ANNUAL TOUR de BONE BIKE EVENT

YOGA

SPEED MENTORING

TAI CHI

1st CHOICE **2nd CHOICE**

IS01 IS06 IS01 IS06

IS05 IS10 IS02 IS05 IS10 IS02

IS03 IS08 IS04 IS03 IS08 IS04

IS09 IS09

PT1 PT2 VT PT1 PT2 VT

PT3 PT4 VT PT3 PT4 VT

PT5 PT6 VT PT5 PT6 VT

ARRIVE EARLY!
Skills Labs fill quickly and door monitors will close the lab door when the room reaches maximum capacity.

REGISTRATION, REFUNDS/CANCELLATIONS & QUESTIONS

REGISTRATION: REGISTER ONSITE (ONLY) AFTER OCTOBER 1, 2017

- ONLINE www.OTA.org
- BY FAX 1.847.430.5140
- BY MAIL ORTHOPAEDIC TRAUMA ASSOCIATION
9400 W. Higgins Road, Suite 305
Rosemont, IL 60018
USA

REFUNDS: OTA office must receive written notice of cancellation for refund for refund less a \$100 processing fee. NO REFUNDS after October 10, 2017

QUESTIONS: Contact OTA at 1.847.698.1631 or email ota@ota.org

METHOD OF PAYMENT

Check Enclosed
 VISA
 MasterCard
 American Express

CREDIT CARD NUMBER _____ EXP. DATE _____ CVV _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE (I agree to pay according to the credit card issuer agreement) _____

**REQUIRED OF RESIDENTS AND HEALTH CARE PROFESSIONALS:
CHIEF, CHAIR OR SUPERVISOR'S NAME
NAME _____
EMAIL _____

NOTE: All company representatives must use exhibitor registration form (email ota@ota.org)