

# 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  IS01  IS06  
THURSDAY LUNCH 11:15 AM - 12:45 PM  IS05  IS10  IS02  IS05  IS10  IS02  IS03  IS07  IS08  IS03  IS07  IS08  IS04  IS09  IS04  IS09

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

FRIDAY LUNCH 12:25 PM - 1:10 PM  PT1  PT2  VT  PT1  PT2  VT  
FRIDAY EVENING 5:35 PM - 6:20 PM  PT3  PT4  VT  PT3  PT4  VT  
SATURDAY LUNCH 12:55 PM - 1:40 PM  PT5  PT6  VT  PT5  PT6  VT

**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

WEDNESDAY, OCTOBER 11th 7:00 PM - 8:00 PM  \$20  
THURSDAY, OCTOBER 12th 7:00 AM - 10:00 AM  \$25  
FRIDAY, OCTOBER 13th 6:00 AM - 7:00 AM  \$20  
FRIDAY, OCTOBER 13th 4:30 PM - 6:00 PM  FREE  
SATURDAY, OCTOBER 14th 6:00 AM - 7:00 AM  \$20

**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:**

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

REGISTER ONSITE (ONLY) AFTER OCTOBER 1, 2017

**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)