

# 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  
 NON-MEMBER  
\*\*NON-MEMBER MEDICAL RESIDENT/FELLOW  
\*\*NON-MEMBER ALLIED HEALTH PROFESSIONAL

ON/BEFORE 10/1/17	AFTER 10/1/17
<input type="checkbox"/> \$ 550	<input type="checkbox"/> \$ 650
<input type="checkbox"/> 1,050	<input type="checkbox"/> 1,150
<input type="checkbox"/> 750	<input type="checkbox"/> 850
<input type="checkbox"/> 750	<input type="checkbox"/> 850

SUB-TOTAL \$ \_\_\_\_\_

**ANNUAL MEETING (ONLY) REGISTRATION**

OTA MEMBER  
 NON-MEMBER  
\*\*NON-MEMBER MEDICAL RESIDENT/FELLOW  
\*\*NON-MEMBER ALLIED HEALTH PROFESSIONAL

ON/BEFORE 10/1/17	AFTER 10/1/17
<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 350
<input type="checkbox"/> 750	<input type="checkbox"/> 850
<input type="checkbox"/> 450	<input type="checkbox"/> 550
<input type="checkbox"/> 450	<input type="checkbox"/> 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

FRIDAY EVENING 6:30 PM - 8:00 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

IS01  IS06  IS15  IS01  IS06  IS15  
 IS05  IS10  IS02  IS05  IS10  IS02  
 IS03  IS07  IS08  IS03  IS07  IS08  
 IS04  IS13  IS09  IS04  IS13  IS09  
 IS12  IS12  
 IS14  IS14

## 2nd CHOICE

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

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

## REGISTRATION, REFUNDS/CANCELLATIONS & QUESTIONS

### REGISTRATION:

- ONLINE [www.OTA.org](http://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](mailto: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](mailto:ota@ota.org))