

FIRST NAME \_\_\_\_\_ FAMILY (LAST) NAME \_\_\_\_\_ DEGREE \_\_\_\_\_

ADDRESS  Home  Office Address \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

( ) ( )

TELEPHONE  Home  Office  Cell \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL  Office  Personal \_\_\_\_\_

### ON DEMAND BUNDLED PACKAGE FEES

(U.S. Funds) (Annual Meeting Registration and Annual Meeting On Demand)	By 10/1/18	After 10/1/18	By 10/1/18	After 10/1/18
	OTA Member		Non-Member	
OTA Member (Incl. Guest Nation Attendees)	<input type="checkbox"/>	\$550 / \$650		
Non-member (Incl. MD, DO, MBBS, etc.)			<input type="checkbox"/>	\$1050 / \$1150
Non-member Medical Resident, Fellow, Student**			<input type="checkbox"/>	\$750 / \$850
Non-member Health Care Personnel (incl. NP, PA, AH, PhD, etc.)**			<input type="checkbox"/>	\$750 / \$850
Additional charge for USB			<input type="checkbox"/>	\$45

### ANNUAL MEETING ONLY REGISTRATION FEES

(U.S. Funds)	By 10/1/18	After 10/1/18	By 10/1/18	After 10/1/18
	OTA Member		Non-Member	
OTA Member (Incl. Guest Nation Attendees)	<input type="checkbox"/>	\$250 / \$350		
Non-member (Incl. MD, DO, MBBS, etc.)			<input type="checkbox"/>	\$750 / \$850
Non-member Medical Resident, Fellow, Student**			<input type="checkbox"/>	\$450 / \$550
Non-member Health Care Personnel (incl. NP, PA, AH, PhD, etc.)**			<input type="checkbox"/>	\$450 / \$550

\*\*Manager or Residency/Fellowship Program Director Name  
(required): \_\_\_\_\_

#### WEDNESDAY, OCTOBER 17

	By 10/1/18	After 10/1/18	By 10/1/18	After 10/1/18
	OTA Member		Non-Member	
Basic Science Focus Forum	<input type="checkbox"/>	\$250 / \$350	<input type="checkbox"/>	\$350 / \$450
E&M and CPT Coding for Trauma Surgeons	<input type="checkbox"/>	\$250 / \$350	<input type="checkbox"/>	\$350 / \$450
Intn'l Orthopaedic Trauma Care Forum	<input type="checkbox"/>	\$150 / \$200	<input type="checkbox"/>	\$200 / \$250
International Reception (All International Participants Welcome)	<input type="checkbox"/>	FREE	<input type="checkbox"/>	FREE
Orthopaedic Trauma Boot Camp	<input type="checkbox"/>	\$275 / \$375	<input type="checkbox"/>	\$400 / \$500
Orthopaedic Trauma for PAs and NPs	<input type="checkbox"/>	\$250 / \$350	<input type="checkbox"/>	\$400 / \$500
Residents Comprehensive Fracture Course	<input type="checkbox"/>	\$725 / \$725	<input type="checkbox"/>	\$725 / \$725
PGY1__ PGY2__ PGY3__ PGY4__ PGY5__ Fellow__				
Residency Program Director _____				
Residency Program Director Email _____				

#### THURSDAY, OCTOBER 18

Young Practitioners Forum	<input type="checkbox"/>	\$75 / \$100	<input type="checkbox"/>	\$75 / \$100
Welcome Reception	<input type="checkbox"/>	FREE	<input type="checkbox"/>	FREE
Guest Reception Ticket(s)				
# of persons attending _____ X \$65.00 USD	\$ _____		\$ _____	

#### FRIDAY, OCTOBER 19

Military Reception	<input type="checkbox"/>	FREE	<input type="checkbox"/>	FREE
New Member Luncheon	<input type="checkbox"/>	FREE	<input type="checkbox"/>	FREE
Women in Orthopaedic Trauma Luncheon	<input type="checkbox"/>	FREE	<input type="checkbox"/>	FREE
<b>TOTAL \$ _____ \$ _____</b>				

### RESERVED SESSIONS (Indicate your choices)

No additional charge - Tickets Required

#### INDUSTRY SYMPOSIA

	1st Choice # (List ONLY one/day)	2nd Choice # (List ONLY one/day)
Wednesday Evening (6:30 pm – 8:00 pm)	<input type="checkbox"/> IS1 <input type="checkbox"/> IS2 <input type="checkbox"/> IS3	<input type="checkbox"/> IS1 <input type="checkbox"/> IS2 <input type="checkbox"/> IS3
Thursday Lunch (11:15 am – 12:45 pm)	<input type="checkbox"/> IS4 <input type="checkbox"/> IS5 <input type="checkbox"/> IS6	<input type="checkbox"/> IS4 <input type="checkbox"/> IS5 <input type="checkbox"/> IS6
	<input type="checkbox"/> IS7 <input type="checkbox"/> IS8 <input type="checkbox"/> IS9	<input type="checkbox"/> IS7 <input type="checkbox"/> IS8 <input type="checkbox"/> IS9
	<input type="checkbox"/> IS10 <input type="checkbox"/> IS11 <input type="checkbox"/> IS12	<input type="checkbox"/> IS10 <input type="checkbox"/> IS11 <input type="checkbox"/> IS12
	<input type="checkbox"/> IS13 <input type="checkbox"/> IS17 <input type="checkbox"/> IS18	<input type="checkbox"/> IS13 <input type="checkbox"/> IS17 <input type="checkbox"/> IS18
	<input type="checkbox"/> IS19	<input type="checkbox"/> IS19
Friday Evening (6:30 pm – 8:00 pm)	<input type="checkbox"/> IS14 <input type="checkbox"/> IS15 <input type="checkbox"/> IS16	<input type="checkbox"/> IS14 <input type="checkbox"/> IS15 <input type="checkbox"/> IS16

#### POSTER & VIDEO TOURS

Please register for only one (1) POSTER or VIDEO TOUR per day.		
Friday Lunch (12:40 pm – 1:25 pm)	<input type="checkbox"/> PT1 <input type="checkbox"/> PT2	<input type="checkbox"/> PT1 <input type="checkbox"/> PT2
Friday Evening (5:35 pm – 6:30 pm)	<input type="checkbox"/> PT3 <input type="checkbox"/> PT4	<input type="checkbox"/> PT3 <input type="checkbox"/> PT4
Saturday Lunch (12:55 pm – 1:40 pm)	<input type="checkbox"/> PT5 <input type="checkbox"/> PT6	<input type="checkbox"/> PT5 <input type="checkbox"/> PT6

### SPECIAL EVENTS - Tickets Required

Yoga Wednesday (7:00 pm – 8:00 pm)	<input type="checkbox"/>	\$20
Friday (6:00 am – 7:00 am)	<input type="checkbox"/>	\$20
Meditation Thursday (6:00 am – 6:45 am)	<input type="checkbox"/>	\$ 0
Tai Chi Saturday (6:00 am – 7:00 am)	<input type="checkbox"/>	\$20

#### 4th Annual Tour de Bone Bike Event

Thursday Morning (7:00 am – 10:00 am)  \$ 0 \*(Participant Cost \$75)  
\*Attendees must register to attend this event. Bike rental fees will apply and attendees will be responsible for all costs associated with event. After registration, you will be contacted by SurgeonMasters with details on bike rental, fees and the organized ride.

### THREE WAYS TO REGISTER!

ONLINE at [www.ota.org](http://www.ota.org)

FAX 847.430.5140

BY MAIL (\*Mailed registrations must be postmarked on or prior to October 1, 2018.)

Make checks payable to: **Orthopaedic Trauma Association**  
9400 W. Higgins Rd, Suite 305  
Rosemont, IL 60018, USA

**REGISTER ON-SITE AFTER OCTOBER 12, 2018.**

**REFUNDS:** OTA office must receive written notice of cancellation for a refund less a \$100.00 USD processing fee. No refunds after October 17, 2018.

**QUESTIONS:** Contact OTA at 847.698.1631 or email [ota@ota.org](mailto:ota@ota.org).

### METHOD OF PAYMENT

Check Enclosed  VISA  MasterCard  American Express

CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_

CVV # \_\_\_\_\_

NAME (AS IT APPEARS ON CARD) \_\_\_\_\_