

To complete your attestation, please follow the below steps:

1) Review the Mandatory COVID policy

2) Complete the online attestation

- Please click this link to access your 2021 OTA Annual Conference registration: <u>https://online.ota.org/otassa/ssaapexmnucall?p_app_id=EVTSSA&p_page_id=4005&p_request=</u> <u>REGISTERED</u>

- Find the 2021 OTA Conference event and in the rightmost column under "Actions" click "Edit".

Atlanded Events	Eligible Events	Registre	med Events					
vents I am Al	ready Registere	d For						
1 - 1 of 1								
Registration State	us : Registered Events							
Event	Start Date	End Date	Start Time	End Time	Location	City	State	Actions

- Then click the "Update Information" button in the upper right corner. Click the COVID Attestation button to attest to the COVID policy requirements.

Return to Menu

International Orthopaedic Trauma Care Forum

E&M and Surgical Coding for Trauma Surgeons

Yoga - guests are welcome but require a ticket.

event Registration Information	Upd	Update information		
021 OTA Conference				
ctober 20-23, 2021				
ort Worth, Texas				
ort Worth, TX				
ISA				
Annual Meeting. Pre-Meeting Events may be p	urchased in addition.			
				Checkout
overlapping events.	Note: chosen events may run concurrently and it is yo	lease and		te to
	Note: chosen events may run concurrently and it is yo Day and Time of Function	our responsibility to ma	nage your attendanc	
overlapping events.	i de la Colta de la Coltana de Calendaria.	lease and		se to Subtotal
overlapping events.	Day and Time of Function	Quantity	Price	se to Subtotal
Guided Meditation	Day and Time of Function Wednesday, October 20 7:00 AM - 7:30 AM Wednesday, October 20 7:00 AM -	Quantity	Price 0.00	te to

Wednesday, October 20 7:30 AM -Thursday, October 21 10:54 AM

Wednesday, October 20 9:00 AM - 4:00 PM

Wednesday, October 20 5 30 PM - 6 30 PM

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200.00

350.00

25.00

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0.00

0.00

Check the COVID_Attestation option to confirm your attestation.

In order to attend the OTA's 2021 Annual Meeting, I hereby attest and agree to the following:

1. I have received a copy of the OTA MANDATORY COVID-19 VACCINATION POLICY FOR EVENTS and agree to abide by its terms as they may be modified by OTA;

2. As of the first date of the Event, I am/will be one of the following:

A. "Fully vaccinated" against COVID-19 which is defined as the period which at least fourteen (14 days) after: (i) receiving the last dose of a two-dose COVID-19 vaccine; or (ii) receiving one dose of a single-dose COVID-19 vaccine; or

B. Exempt from receiving any COVID-19 vaccine due to any of the following:

i. Health Circumstance - History of previous allergic reaction to indicate an immediate hypersensitivity reaction to a component of the vaccine; health condition or medical circumstances such that immunization is not considered safe; or any other health condition or medical circumstance where receiving the COVID-19 vaccine is contraindicated; or

ii. Sincerely-Held Religious Belief: Religious belief and/or practice which is (a) sincerely held; and (b) which prohibits receiving immunizations.

3. If requested by OTA, I shall provide proof of my vaccination status or appropriate medical documentation from my health care provider and/or other additional information that OTA may require to substantiate my status.

COVID Attestation (Updated)*

L declare under penalty of perjury under the laws of the United States of America that the foregoing statements are true and correct. If I am completing this form on behalf of another registrant, I affirm that I am authorized to make this attestation on his/her behalf.

Thank you for registering for the OTA Annual Meeting. We appreciate your attention to this matter. We look forward to seeing you in Ft. Worth.

If you have any questions or concerns regarding our policy or the attestation, please contact <u>ota@ota.org</u> or calling (847) 698-1631.