

# REGISTRATION FORM

## ORTHOPEDIC SURGERY CONTROVERSIES 2010

ONLINE REGISTRATION IS AVAILABLE AT [WWW.ORTHOPEDICSURGERYCONTROVERSIES.COM](http://WWW.ORTHOPEDICSURGERYCONTROVERSIES.COM)

*Please Print Clearly*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (     ) \_\_\_\_\_ FAX: (     ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Medical License# (Mandatory) \_\_\_\_\_

### **COURSE REGISTRATION FEE:**

\_\_\_\_ EARLY BIRD REGISTRATION FEE \$1195 (Before August 1)

\_\_\_\_ REGISTRATION FEE \$1345

\_\_\_\_ EARLY BIRD ALLIED HEALTH FEE \$500 (Before August 1)

\_\_\_\_ ALLIED HEALTH FEE \$650

Orthotalk Ultrasound Course requires separate registration/payment and is available online via [www.shouldersono.com](http://www.shouldersono.com)

SIGNATURE (Participant): \_\_\_\_\_

**TOTAL FEES:** \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

CARD COMPANY:  VISA  MASTERCARD  AMERICAN EXPRESS

CARDHOLDER NAME: \_\_\_\_\_

SIGNATURE AUTHORIZING PURCHASE: \_\_\_\_\_

### **Please return registration forms to:**

**Paige Ballus**

OSC 2010

980 Ridge Gate Drive

Lewisville, NC 27023

336-287-9895

336-766-0318 fax

[pballus@triad.rr.com](mailto:pballus@triad.rr.com)

### **If paying by check, please make payable and return to:**

**Orthopedic Surgery Controversies 2010**

PO Box 571064

Tarzana, CA 91357

(please include a copy of your registration form with the payment)

[www.orthopedicsurgerycontroversies.com](http://www.orthopedicsurgerycontroversies.com)