

# Registration Form

## Arizona Orthopaedic Society Annual Meeting October 6, 2018 Phoenix, AZ

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

AOS Active/Retired Member	\$150.00	_____
AOS Resident Member	\$ 0.00	_____
Non-AOS Member	\$400.00	_____

Make check payable to the Arizona Orthopaedic Society or pay by **Visa, MC or AMEX** and send to: PO Box 35159, Phoenix, AZ 85069, or email to [patrice@azmed.org](mailto:patrice@azmed.org)

Credit Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ CVC # \_\_\_\_\_

Email Receipt to: \_\_\_\_\_

No refunds will be made on cancellations received after September 28, 2018.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting Patrice Hand at (602) 347-6901. Requests should be made as early as possible to allow time to arrange.