

REGISTRATION FORM
AAFAS – SAN ANTONIO, TEXAS
April 29th, 30th, - May 1st, 2010
25 CME

Name: _____ Degree: _____

Address _____

City: _____ State: _____ Zip Code: _____

Country: _____ Telephone No: _____ E-Mail: _____

AAFAS MEMBER: \$745.00 () **Life Member \$275.00** (must be fully retired) ()

Non-AAFAS MEMBER: \$945.00 () **Res./Student \$50.00** for membership/ plus \$245.00

*Above fees are costs for minimal invasive surgical program only!

Diagnostic Ultra Sound Workshop \$100.00 () **Additional**

Payment Method: (Please check one)

_____ Check Enclosed _____ Visa ___ MasterCard _____ AMEX

Account Number: _____ Exp. _ _

Signature: _____

Make Checks payable to: **The Academy of Ambulatory Foot & Ankle Surgery**

1601 Walnut Street

Suite 1005

Philadelphia, PA 19102

Tel: (800) 433-4892 or (215)-569-3303, or fax (215) 569-3310

Accommodations:

Sheraton Gunter, San Antonio,

205 E. Houston Street, San Antonio, TX 78205

\$141.00 PER NIGHT

Telephone Number: : 1 (888)-999-2089 (global number) or (210)-554-1761

Please let them know that you are with The Academy of Ambulatory Foot & Ankle Surgery