

**ATTENDEE INFORMATION** (please print clearly)

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>	<b>Degree</b>
<b>Hospital/Affiliation</b>		<b>Address</b>	
<b>City</b>	<b>State/Province</b>	<b>Zip</b>	<b>Country</b>
<b>Phone</b>		<b>Email Address</b> (required for confirmation)	

**REGISTRATION FEES** All Fees Quoted & Payable In U.S.D.

Please register me as:	EARLY BIRD <i>Before 11/10/17</i>	REGULAR <i>After 11/11/17</i>
Member	<input type="checkbox"/> \$800	<input type="checkbox"/> \$925
Candidate Member	<input type="checkbox"/> \$550	<input type="checkbox"/> \$675
Affiliate/Associate Member	<input type="checkbox"/> \$325	<input type="checkbox"/> \$450
Invited Non-Member Faculty	<input type="checkbox"/> \$800	<input type="checkbox"/> \$925
Invited Non-Member Therapist	<input type="checkbox"/> \$500	<input type="checkbox"/> \$625
Italian Society Member Physician	<input type="checkbox"/> \$400	<input type="checkbox"/> \$525
Italian Society Member Therapist	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
International/Corresponding Member	<input type="checkbox"/> \$800	<input type="checkbox"/> \$925
Retired Member	<input type="checkbox"/> \$600	<input type="checkbox"/> \$725
Non-Member Physician	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,325
Non-Member Therapist & Allied Health Professional	<input type="checkbox"/> \$700	<input type="checkbox"/> \$825
Resident/Fellow (with verification letter from program chief)*	<input type="checkbox"/> \$150	<input type="checkbox"/> \$275
Medical Student	<input type="checkbox"/> \$150	<input type="checkbox"/> \$275
Military Personnel	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250
Non-Exhibiting Industry	<input type="checkbox"/> \$1,400	<input type="checkbox"/> \$1,525

**REGISTRATION FEE SUBTOTAL:** \$ \_\_\_\_\_

Additional Registration Categories	Fee per Ticket	Qty.	Total Fee
<input type="checkbox"/> AAHS Adult/Spouse Guest Fee* (Social Events, Breakfast, Lunches) <small>*Spouse/guest may not be a physician seeking to claim CME credit from the AAHS Annual Meeting</small>	\$275		
<input type="checkbox"/> AAHS Child Guest Fee (Social Events, Breakfast, Lunches)	\$100		
<input type="checkbox"/> ASPN/ASRM Welcome Reception Adult/Spouse Ticket (Saturday, 1/13)	\$65		
<input type="checkbox"/> ASPN/ASRM Welcome Reception Child Ticket (Saturday, 1/13)	\$25		

**ADDITIONAL REGISTRATION SUBTOTAL:** \$ \_\_\_\_\_

Additional Courses (check all that apply)	Fee
<input type="checkbox"/> AAHS Hands-On Surgeon Development Workshop (Wed. 1/10)	n/a
<input type="checkbox"/> AAHS Hands-On Therapist Panel (Wed. 1/10)	n/a
<input type="checkbox"/> AAHS Comprehensive Hand Surgery Review Course	\$100
<input type="checkbox"/> AAHS Pre-Sale 2018 Comprehensive Hand Surgery Review Course DVD	\$175

**ADDITIONAL COURSE SUBTOTAL:** \$ \_\_\_\_\_

Option Activities	Fee per Ticket	Qty.	Total Fee
<input type="checkbox"/> AAHS/ ASRM HSE Golf Tournament (Saturday, 1/13)	\$300		
<input type="checkbox"/> Golf Club Rental	\$69		
<input type="checkbox"/> Golf Shoe Rental (limited quantities)	\$15		

**ADDITIONAL ACTIVITIES SUBTOTAL:** \$ \_\_\_\_\_

**GRAND TOTAL:** \$ \_\_\_\_\_

**PAYMENT** (must accompany application)

VISA/MASTERCARD

AMERICAN EXPRESS

**Name** (as it appears on Card) \_\_\_\_\_

**Security Code:** \_\_\_\_\_ (Your credit card's security code is a three or four digit security code located on the front or back of your credit card. See card images above.)

**CREDIT CARD NUMBER:** \_\_\_\_\_ **EXPIRATION MONTH/YEAR:** \_\_\_\_ / \_\_\_\_

**BILLING ADDRESS** \_\_\_\_\_  
(If not the same as address listed above)

**SIGNATURE:** \_\_\_\_\_ I authorize AAHS to charge my credit card the above fees.

**What is your primary specialty?**  Orthopedic     General Surgery     Plastic Surgery     Other: \_\_\_\_\_  
**State Licensed In:** \_\_\_\_\_    **License Number:** \_\_\_\_\_    **NPI#** \_\_\_\_\_

**CANCELLATIONS:** All requests for cancellations must be in writing and received at the AAHS Administrative Offices on or before November 10, 2017. The registration fee, less a \$75 processing fee, will be refunded after the meeting. No refunds are available for partial attendance. No refunds will be issued for cancellations received after November 10, 2017.  
**Please send AAHS Registration Forms to AAHS Offices: 500 Cummings Center, Suite 4400 Beverly, MA 01915 or Fax to (978) 524-0461**