

ATTENDEE INFORMATION (please print clearly)

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

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

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