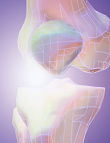


REGISTRATION

Early registration is recommended as some events fill up quickly



Course Fees

Modern Techniques in Hip and Knee Reconstruction and Preservation Course

Friday, August 23 – Saturday, August 24, 2013

- | | |
|---|-----------|
| ☐ Physician | \$ 575.00 |
| ☐ Resident/Fellow/Allied Health* | \$ 425.00 |

Pre-Course Hip Cadaver Lab

(Limited Registration)

Thursday, August 22, 2013

- | | |
|---|-----------|
| ☐ Physician | \$ 495.00 |
| ☐ Resident/Fellow/Allied Health* | \$ 350.00 |

Late Fee

A \$100 late fee will automatically apply to all payments received or postmarked after August 10, 2013 \$ _____

TOTAL DUE \$ _____

*Each resident or fellow must provide a letter from his or her residency or fellowship director to qualify for the reduced fee. If the letter is not received with registration, the physician rate will be assessed.

Cancellation Policy

A full refund (less a \$75 administrative charge) will be extended for written cancellations postmarked on or before June 30, 2013. Refunds made in response to written cancellations with a July 1 through July 31, 2013, postmark will incur a \$200 cancellation fee. No refunds will be made for cancellations that are postmarked August 1, 2013, or later, and no refunds will be made in response to verbal cancellations at any time.

We will be taking photographs at this event. If you do not want your image used in future promotional material, please contact Madeline Bacon at mbacon@lifebridgehealth.org.

How did you hear about this course?

- | | |
|---|---|
| ☐ AAOS Annual Meeting | ☐ AOA Meeting |
| ☐ CCJR Meeting | ☐ Course Mailings |
| ☐ ICJR Meeting | ☐ JBJS Ad |
| ☐ Web Site | ☐ Journal of Arthroplasty Ad |
| ☐ Internet Link | ☐ Colleagues |
| ☐ E-mail Notice | ☐ Previous Course Attendee |
| ☐ Sales Representative (please specify): _____ | |
| ☐ Other Meeting (please specify): _____ | |
| ☐ Other Source (please specify): _____ | |

Payment Methods

You are **not** considered a confirmed registrant until the registration fees are paid in full. Your name will be placed on a wait list until payment has been obtained. All registrations with unpaid balances after August 10, 2013, will be cancelled automatically and re-registration will be required.

We accept VISA, MasterCard, American Express, checks, and bank drafts payable in U.S. funds:

I wish to pay by: ☐ credit card ☐ check ☐ bank draft

- To pay by credit card, you can use online, mail-in, or faxed registration.
 - For online registration, please visit www.HipAndKneeCourse.com
 - For faxed registration, please fax this registration form to Madeline Bacon at 1.410.601.0585.
- To pay by check, make checks payable in U.S. funds to "Hip and Knee Course/Sinai" and mail to:
Madeline Bacon
Seventh Annual Hip and Knee Course
Rubin Institute for Advanced Orthopedics
Sinai Hospital of Baltimore
2401 West Belvedere Avenue
Baltimore, Maryland 21215 USA
- To pay by bank draft, contact Madeline Bacon to obtain instructions. (E-mail: mbacon@lifebridgehealth.org or tel: 1.410.601.9798)

For mail-in or faxed registration, **PLEASE COMPLETE LEGIBLY:**
(Note: one form per registrant.)

Credit Card Type: ☐ VISA ☐ MasterCard ☐ American Express

Credit Card Number: _____

Security Code: _____ Expiration Date: _____

Name of Cardholder: _____

Signature of Cardholder: _____

Cardholder's E-mail (required): _____

Full Name of Registrant: _____

Professional Degree (e.g., MD): _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone Number: _____

If outside of the U.S., please include country and city codes

Fax: _____

If outside of the U.S., please include country and city codes

Registrant's E-mail (required): _____

We would like to acknowledge the generous educational support of our corporate partners during the 2012 Hip and Knee Course:

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