Course Registration Form

Comprehensive Review in Hand and Upper Extremity Surgery
July 13 - 15, 2018 * Chicago, Illinois
Registration Deadline:
Please complete a separate form for each registrant. Photocopies are acceptable. If you fax your registration form, it is not necessary to mail the original.

First name M.I. Last name Degree

Please print how your FIRST name should appear on your badge:

Organization National Provider Identifier (NPI) #- US only

Mailing address

City/State Zip/Postal code Province/Country

Phone Fax Email Address

Please check box if you are:
☐ Resident ☐ Fellow Program name: _____ Program end date: _____

Check here to indicate if this is an address change for: ☐ Office ☐ Home

Please indicate special accommodation, if any, that you may require during the meeting due to a physical challenge or dietary restriction: _____

Please check all that apply:
☐ Orthopaedic surgeon ☐ Plastic surgeon ☐ General surgeon ☐ Resident—Orthopaedic
☐ Resident—Plastic ☐ Resident—General ☐ Fellow ☐ Hand therapist ☐ Occupational therapist
☐ Physical therapist ☐ Nurse ☐ Other: _____

Please check the percentage of your practice devoted to hand surgery:
☐ 0–24% ☐ 25–49% ☐ 50–74% ☐ 75–100%
☐ I am an allied health professional

CAQ in Hand Surgery Related Questions (please check response):
1. What year do you plan to take the CAQ? ☐ 2018 ☐ 2019 ☐ 2020 ☐ Not Taking the CAQ
2. Will this be your first time taking the CAQ? ☐ YES ☐ NO ☐ N/A

Physician Payment Sunshine Act

Beginning in 2012, medical device, biologic and drug manufacturers will be required to publicly disclose gifts and payments made to physicians. For U.S. health care providers, companies must also report any payment or other transfer of items with a minimum value of $10/payment or $100/year to the department of Health & Human Services. The National Provider Identifier (NPI) will be used to record and track these transactions. To facilitate accurate record keeping of any transactions during the meeting that may need to be reported under U.S. law, the ASSH is requesting that health care providers in the United States supply their NPI number as part of their registration application. Although supplying your NPI at the time of registration is voluntary, the reporting of transactions with companies under the Sunshine Act is mandatory. Your NPI number is public and may be found at the NPI Registry available online at https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do.

Fees for ASSH Comprehensive Review Course:

	Until June 22	After June 22
ASSH Member	$895	$945
Allied Health Professional	$625	$675
Nonmember Physician	$995	$1045
Resident or Fellow (current program details required)	$495	$545

☐ **$ _____ ASSH Comprehensive Review in Hand Surgery Course (July 13-15, 2018)**

Onsite registration will incur an additional $50 fee

Printed Syllabus

Comprehensive Review course will not be providing an electronic syllabus only with your registration fee. If you would like to order a printed syllabus, an additional $50 will be added to your total. Please note, General Orthopaedic Review course attendees will be provided with both print and electronic.

☐ **$ 50 Printed Syllabus**

American Foundation for Surgery of the Hand (AFSH)

If you would like to make a donation to the Foundation, please mark your preference below. Contributions to AFSH are deductible to the extent permitted by law.

☐ $50 ☐ $100 ☐ $150 ☐ $300 ☐ Other: _____

Grand Total $ _____

Payment Method

☐ Check enclosed (U.S. funds made payable to the American Society for Surgery of the Hand)

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

_____

Card number Expiration date Security number

_____

Print Name (as it appears on card) Signature