

REGISTRATION FORM

ORTHOPEDIC SURGERY CONTROVERSIES 2017

Please Print Clearly

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ FAX: () _____

EMAIL: _____

Medical License# or last 5 digits of SSN (Mandatory) _____

COURSE REGISTRATION FEE:

____ BASIC COURSE REGISTRATION FEE **\$1095**

____ ALLIED HEALTH \$500 (with confirming letter)

____ REGISTRATION AFTER OCTOBER 1, 2016 **ADD \$150**

Industry Sessions:

ALL PARTICIPANTS:

WAIVER: The undersigned agrees to participate in this medical education activity with the full understanding of the risks, and if participating in the cadaver laboratory, is aware of the risks of cadaveric specimens. I release The Sports Clinic Orthopaedic Medical Associates, Inc, and their officers, agents, employees, and each from any liability whatsoever for any injury, disease, or other damage which may result in any way from participation in these educational activities. I have read and understand the above waiver.

SIGNATURE (Participant): _____

TOTAL FEES: _____

CREDIT CARD NUMBER: _____ EXPIRATION: _____

CARD COMPANY: VISA MASTERCARD AMERICAN EXPRESS

CARDHOLDER NAME: _____

SIGNATURE AUTHORIZING PURCHASE: _____

Unless registered online, please mail completed registration form, signed waiver, and payment to:

ORTHOPEDIC SURGERY CONTROVERSIES 2017

The Sports Clinic
23961 Calle de la Magdalena #229
Laguna Hills, CA 92653
949-581-7001 Fax 949-581-8410

ONLINE REGISTRATION AT: WWW.ORTHOPEDICSURGERYCONTROVERSIES.NET

(Please make checks payable to: The Sports Clinic Educational Foundation)