

Course Registration Form

1st Combined Meeting of the ASSH/AHSS • March 22-25, 2012 • Kauai, Hawaii, USA
Registration Deadline: March 1, 2012

REGISTRATION OPTIONS

Register online and receive a confirmation immediately!
GO TO: <http://bit.ly/AHSS12> to register using a credit card.
Or, use this form to submit your payment by **fax or mail.**

FAX: (847) 384-1435

MAIL: Please make checks out to ASSH
American Society for Surgery of the Hand
Department 1005
P.O. Box 6500
Chicago, IL 60680, USA

REGISTRATION FEES

ASSH/AHSS Member	\$695 USD
Affiliate Member	\$495 USD
Resident or Fellow	\$475 USD
Non-Member Physician	\$795 USD
Allied Health	\$595 USD*
Spouse/Guest Registration	\$ 95 USD**

*Allied Health includes therapists, nurses, non-MD researchers and administrative staff.
**Includes ticket to Opening Reception and Closing Dinner.

FIRST NAME

M.I.

LAST NAME

DEGREE

PLEASE PRINT HOW YOUR FIRST NAME SHOULD APPEAR ON YOUR BADGE

NATIONAL PROVIDER IDENTIFIER (NPI) # - U.S. ONLY

ORGANIZATION

MAILING ADDRESS

ZIP/POSTAL CODE

PROVINCE

COUNTRY

PHONE

FAX

EMAIL ADDRESS

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

Please attach instructions if you require special accommodations due to a disability or dietary need.

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:

SPOUSE / GUEST REGISTRATION: \$95 USD (Includes ticket to Opening Reception and Closing Dinner)

Guest Name(s): _____

_____ Guests x \$95 = Guest Registration Fee \$ _____

I AM INTERESTED IN ATTENDING A FREE INDUSTRY SPONSORED SKILLS WORKSHOP.

Please check boxes to the right to indicate time slots you are interested in. Workshops are free to all registered attendees. More information about these vendor programs will be posted at <http://bit.ly/AHSS12>.

- Thursday PM (March 22, 6:00 – 7:00 PM)
 Friday AM (March 23, 6:15 – 7:15 AM)
 Friday PM (March 23, 3:45 – 4:45 PM)
 Saturday AM (March 24, 6:15 – 7:15 AM)
 Saturday PM (March 24, 12:15 – 1:15 PM)

PAYMENT METHOD:

TOTAL \$

- Check enclosed (U.S. funds made payable to the American Society for Surgery of the Hand)
 VISA MasterCard American Express Discover

CARD NUMBER

SECURITY CODE

EXP. DATE

PRINT NAME (AS IT APPEARS ON CARD)

SIGNATURE