

REGISTRATION

Early registration is recommended as some events fill up quickly

Course Fees

New Technology for the Treatment of Adult Hip and Knee Disorders Course

Friday, August 24–Saturday, August 25, 2012

- Physician \$ 525.00
 Resident/Fellow/Allied Health* \$ 350.00

Cadaver Lab Pre-Course (Limited Registration)

Thursday, August 23, 2012

- Physician \$ 450.00
 Resident/Fellow/Allied Health* \$ 295.00

A \$100 late fee will automatically apply to all registrations received or postmarked after August 1, 2012. \$ _____

TOTAL \$ _____

*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 fee 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, 2012. Refunds made in response to written cancellations with a July 1 through July 31, 2012, postmark will incur a \$200 cancellation fee. No refunds will be made for cancellations that are postmarked August 1, 2012, or later, and no refunds will be made in response to verbal cancellations at any time.

How did you hear about this course?

- AAOS Annual Meeting Colleagues
 CCJR Meeting Course Mailings
 ICJR Meeting JBJS Ad
 Web Site Journal of Arthroplasty Ad
 Internet Link
 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 July 31, 2012, 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 our web site and follow the instructions: www.HipAndKneeCourse.com
 - For faxed registration, please provide credit card information on the registration form and fax it to **Madeline Bacon** at **1.410.601.0585**.
- To pay by check, make checks payable in U.S. funds to "Joint Course/Sinai" and mail to:

Madeline Bacon
Sixth Annual Joint 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 2011 Hip Joint Course:

Stryker • **Smith & Nephew** • **DePuy Orthopaedics, Inc.**
Orthopaedics Research & Education Foundation • **Zimmer**
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