

Course Fees

Third Annual Hip Joint Preservation and Resurfacing Arthroplasty Course

Friday, September 4 & Saturday, September 5

- Physician \$ 295.00
 Resident/Fellow/Allied Health* \$ 225.00

A \$100 late fee will automatically apply to all unpaid balances and payments received or postmarked after August 1, 2009. \$ _____

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.

Early registration is recommended.

Cancellation Policy

Your registration fee, less a \$75 administrative charge, will be refunded for written cancellations postmarked on or before July 9, 2009. Refunds made in response to written cancellations with a July 10 through July 31, 2009, postmark will incur a \$150 cancellation fee. No refunds will be made for cancellations that are postmarked August 1, 2009, 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
 CCJR Meeting
 Colleagues
 CORR Ad
 Course Mailings
 Internet Link
 JBJS Ad
 Journal of Arthroplasty Ad
 Sales Representative
 Master Series
 Web Site
 Other Meeting (please specify): _____
 Other Source (please specify): _____

Payment Methods

You are **not** considered a confirmed registrant until the registration fee is 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, 2009, 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.hipresurfacingcourse.com.
 - For faxed registration, please fax credit card information along with the registration form to **Madeline Bacon** at **1.410.601.0585**.
- To pay by check, make checks payable in U.S. funds to "Hip Resurfacing Course" and mail to:

Madeline Bacon
Hip Resurfacing 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

E-mail (required): _____

We would like to acknowledge the generous educational support of our corporate partners for the 2008 U.S. Comprehensive Course on Total Hip Resurfacing Arthroplasty:

Biomet • **BrainLAB** • **DePuy Orthopaedics, Inc.**
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