

REGISTRATION FORM

Return form to: TOA, 401 West 15th Street, Ste. 820, Austin, TX 78701 or
Fax to (866) 864-1568. Online registration is available at www.toa.org.

SECTION 1: ENROLLEE INFORMATION

Name _____

Firm _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

SECTION 2: GENERAL CONFERENCE REGISTRATION

- | | |
|---|--|
| <input type="checkbox"/> TOA Member - Free | <input type="checkbox"/> TOA invited speaker/guest - Free |
| <input type="checkbox"/> Texas resident, student, fellow - Free | <input type="checkbox"/> County Medical/Specialty Society staff - Free |
| <input type="checkbox"/> TOA nonmember physician - \$200 | <input type="checkbox"/> Non-exhibiting vendor - \$525 |

SECTION 3: EVENT REGISTRATION

Please indicate which events you plan to attend:

Thursday, May 22nd

Reimbursement & Coding Seminar

- TOA Member or their office staff - \$149
- Non-members or their office staff - \$199

Friday, May 23rd

- Scientific Sessions
 - TSSM Business Luncheon
 - Friday Evening Reception
- _____ # of Additional Guests

Saturday, May 24th

- Scientific Sessions
 - TOA Business Luncheon
 - Tour the Witte Museum – *Our Body: The Universe Within*
- _____ # of Additional Guests

SECTION 4: PAYMENT INFORMATION

Check payable to Texas Orthopaedic Association Amount \$ _____

Charge to my credit card: _____ Visa _____ MasterCard

Card #: _____ - _____ - _____ - _____ Exp. Date: _____

Cardholder: _____

Signature: _____