

Texas Chapter of the AAOP Annual Meeting
 August 14th – 15th, 2009 • Sheraton Austin Hotel • Austin, Texas

REGISTRATION FORM

Please type or print (one name per form; please make additional copies as necessary)

 Last Name First Name CO, CP, CPO, Other

 Company Name

 Street Address

 City State Zip Code

 Phone Fax

 E-mail address

Program Tuition (includes lunch on Saturday):

	Postmarked	Before July 17	After July 17	Total	
1. TCAAOP Member	<input type="checkbox"/>	\$150	<input type="checkbox"/>	\$190	_____
2. Non-Members	<input type="checkbox"/>	\$210	<input type="checkbox"/>	\$250	_____
3. Technicians	<input type="checkbox"/>	\$90	<input type="checkbox"/>	\$130	_____
4. Ancillary Professional (non-practicing O&P)	<input type="checkbox"/>	\$90	<input type="checkbox"/>	\$130	_____
5. NCOPE Student/Resident	<input type="checkbox"/>	\$45	<input type="checkbox"/>	\$80	_____
6. Exhibit Hall Only	<input type="checkbox"/>	\$50	<input type="checkbox"/>	\$50	_____
7. TCAAOP Membership Breakfast	<input type="checkbox"/>	N/C	<input type="checkbox"/>	N/C	_____
8. Additional Saturday Breakfast	<input type="checkbox"/>	\$30	<input type="checkbox"/>	\$30	_____
A. Total Program Tuition					_____

Workshops (Please indicate workshop choice(s) below. Choose from schedule on Program. Note that Friday Workshops 2,4,7, 9 are \$50, all other workshops are \$25):

- | | | | |
|-------------------|------------------------------|-----------------------|--------------------|
| 1. Freedom \$25 | 2. Providence Scoliosis \$50 | 3. Ultra-Flex am \$25 | 4. I-Limb \$50 |
| 5. Allard am \$25 | 6. Fillauer am \$25 | 7. Orthocare \$50 | 8. Ossur \$25 |
| 9. Bioness \$50 | 10. Ultra-Flex pm \$25 | 11. Fillauer pm \$25 | 12. Allard pm \$25 |

Workshop selection(place workshop Number(s) _____, _____, _____, _____)

B. Total Workshop Fee

REGISTRATION FEE: A. Program Tuition + B. Workshop Fee (if applicable) _____

Please make checks payable to TCAAOP and mail to:

TCAAOP 2009 Chapter Meeting
 PO Box 6284
 Bryan, TX 77805-6284