

**ONE DAY SEMINAR
Registration Form**

American Academy of Orthotists and Prosthetists
Certificate Programs for Professional Development
One Day Seminars
October 9-10, 2009

PLEASE PRINT OR TYPE ALL INFORMATION

Last Name First Name MI (CO, CP, CPO, FAAOP, etc...)

Company Name

Street Address

City State Zip

Phone Fax Email

Sign me up for the Certificate Program

Members:

- Friday Oct 9 - \$425 **Orthotic Management of Scoliosis & Kyphosis**
 Saturday Oct 10 - \$425 **Sub-Atmospheric Suspension Systems: Clinical Application, Evidence & Reimbursement**

Nonmembers:

- Friday Oct 9 - \$525 **Orthotic Management of Scoliosis & Kyphosis**
 Saturday Oct 10 - \$525 **Sub-Atmospheric Suspension Systems: Clinical Application, Evidence & Reimbursement**

CREDIT CARD PAYMENTS: MasterCard Visa

Card Number: Expires (mm/yy)

Billing Address: (Required By Credit Card Companies to Ensure Your Security)

City: State: Zip:

Print Name as it Appears on Card:

Signature:

COMPLETE THIS FORM & RETURN IT WITH PAYMENT TO:

American Academy of Orthotists & Prosthetists
1331 H Street, NW, Ste. 501, Washington, DC 20005
Please make checks payable to AAOP. (US Currency)
OR FAX CREDIT CARD PAYMENTS TO: (202) 380-3447 OR CALL (202) 380-3663

I require special accommodations to participate: _____



The
ACADEMY