

**ONE-DAY SEMINAR
Registration Form**

American Academy of Orthotists and Prosthetists
Certificate Programs for Professional Development
One Day Seminars
October 28-29, 2011

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 28 - \$425 **The Effect of AFOs on Balance**
 Saturday Oct 29 - \$425 **Prosthetic Management of Multiple Limb Deficiency**

Nonmembers:

- Friday Oct 28 - \$525 **The Effect of AFOs on Balance**
 Saturday Oct 29 - \$525 **Prosthetic Management of Multiple Limb Deficiency**

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