



GUEST REGISTRATION FORM
(One golfer per form)

**THE AMERICAN ACADEMY OF ORTHOTISTS AND PROSTHETISTS
FOURTH ANNUAL ACADEMY GOLF INVITATIONAL & WINE TASTING
GUEST REGISTRATION
November 7, 2009**

First Name	Last Name	Credential	

Company Name			

Address	City	State	Zip

Phone	Fax	Email	

Guest Registration for the Academy's Golf Outing

Guest of _____

Shoe Size _____ Shirt Size *(please check one)* S M L XL

Are you *(please check one)* Right-handed Left-handed

**Please return to:
The Academy /Attn: Peter D. Rosenstein, Executive Director
1331 H Street, NW, Ste. 501, Washington, DC 20005
or fax to 202-380-3447**