

**CAOS-International 2002 Conference/Registration Form**  
**Second Annual Meeting of the International Society for Computer Assisted Orthopaedic Surgery and Surgical Academy**

☐ Dr.   ☐ Mr.   ☐ Ms.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Degree - M.D./Ph.D./Other \_\_\_\_\_ Preferred Nametag First Name \_\_\_\_\_

Institute/Organization \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_

Business Street Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

If you require special arrangements, please indicate your request below

☐ Dietary: \_\_\_\_\_  
☐ Physical: \_\_\_\_\_

**REGISTRATION FEES**

Registration includes Conference syllabus, welcome reception, breaks, banquet, and workshops. Payment for registration is due upon submission of registration. All refunds must be requested in writing no later than **June 05, 2002**, and will be assessed a 20% administrative fee. No refunds will be made after **June 05, 2002**.

ICAOS Conference: Status	Received Before 05-17-02	Received After 05-17-02	Plus Surgical Academy	
Physician/Researcher-ICAOS Member	<input type="checkbox"/> \$500	<input type="checkbox"/> \$650	<input type="checkbox"/> \$100	\$ _____
Physician/Researcher-ICAOS Non-Member <sup>1</sup>	<input type="checkbox"/> \$700	<input type="checkbox"/> \$850	<input type="checkbox"/> \$100	\$ _____
Presenters	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$100	\$ _____
Resident/Fellows/ Students <sup>2</sup>	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$50	\$ _____
Allied Health Professionals <sup>3</sup>	<input type="checkbox"/> \$250	<input type="checkbox"/> \$400	<input type="checkbox"/> \$50	\$ _____
Commercial Representatives	<input type="checkbox"/> \$750	<input type="checkbox"/> \$900	<input type="checkbox"/> \$300 <sup>4</sup>	\$ _____

<sup>1</sup> Includes one year membership to ICAOS

<sup>2</sup> with letter from department head or residency coordinator

<sup>3</sup> Nurses, PA's, Tech's, Operating Room Professionals

<sup>4</sup> Surgical Academy attendance is subject to space availability

One-Half Day CAOS Surgical Academy <u>Attending</u>	Surgical <u>Academy Only</u>	
Physicians	\$300	\$ _____
Residents/Fellow <sup>2</sup>	\$300	\$ _____
Allied Health Professionals <sup>3</sup>	\$200	\$ _____

**Special Events not included in tuition**

Awards ceremony at the Movie Studio Ranch BBQ ( \_\_\_\_\_ @ \$ 80.00 each) \$ \_\_\_\_\_

Additional Friday Night Banquet Guest(s) ( \_\_\_\_\_ @ \$ 70.00 each) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**FORM OF PAYMENT**

☐ Check   ☐ Bankwire   ☐ Mastercard   ☐ Visa   ☐ American Express

Name on card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ (MM/YY)

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**If you prefer to pay by check or money order, please complete and mail this form with your check or money order payable to CAOS International Conference and mail to: CAOS International 2002 Conference, c/o PMMI, 2320 6<sup>th</sup> Avenue, San Diego, CA 92101-1643, USA, Phn: 1-619-232-9499 or Fax: 1-619-232-0799**