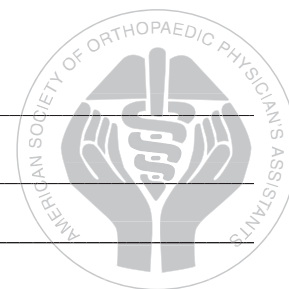


Attendee Registration Form



Name: _____ Credentials: _____
(as it should appear on name badge)

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Home Telephone: _____ Work Telephone: _____

Fax: _____ Email: _____

Number of years OPA-C Certified: _____ **New Member** **First Time Attendee**

Please check all that apply for CE purposes: OPA-C PA-C OTC OT-SC RN RNFA CST

CST/CFA NP CSA Other *(please list)*: _____

REGISTRATION FEE

	Before July 15	July 15 and after
<input type="checkbox"/> Member	\$350	\$400
<input type="checkbox"/> Non Member	\$450	\$500
<input type="checkbox"/> One-Day Pass	\$150	\$200
<i>(member/non-member, includes all educational sessions, breakfast, lunch, breaks and reception for one day)</i>		
<input type="checkbox"/> Guest Pass	\$100	\$150
<i>(includes receptions only)</i>		
<input type="checkbox"/> Apply \$100 of my non-member registration fee to 2006 ASOPA membership		

WORKSHOPS

Hands-On Workshops, Wednesday, August 16, 2006

Please indicate which workshops you would like to attend, ranking them 1 (high) through 4 (low) according to your preference. You will have the opportunity to attend up to 4 out of the 5 listed.

_____ **Fixation for Lower Extremity Trauma (Saw Bones)** _____ **Total Hip Arthroplasty (Saw Bones)**

_____ **Micro-fracture Fixation** _____ **Suturing Workshop***

_____ **Putting the Contact Back into Full Contact Casting** **Please note, if attending the Suturing Workshop you will need to bring your own scissors, forceps and needle driver (holder).*

PAYMENT INFORMATION

TOTAL ENCLOSED: \$ _____ *(U.S. fund only)*

Payment type: Check or Money Order payable to ASOPA VISA/MasterCard

Card #: _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____

THREE WAYS TO REGISTER:

1 Mail your registration:
 ASOPA, 8365 Keystone Crossing, Suite 107
 Indianapolis, IN 46240

2 Fax your registration:
 Complete this form, include your credit card
 information and fax to (317) 205-9481

3 Register On-line:
www.asopa.org

RETURN COMPLETED REGISTRATION FORM AND PAYMENT TO:

American Society of Orthopaedic Physician's Assistants • 8365 Keystone Crossing, Suite 107 • Indianapolis, IN 46240
 Phone: (800) 280-2390 • Fax: (317) 205-9481