

# 11<sup>th</sup> Annual Chicago Trauma Symposium

Chicago, Illinois • July 30-August 2, 2009

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Course Tuition: Includes instructional materials, continental breakfast, lunches, refreshment breaks, and reception. Register before June 25, 2009 to receive a \$75 discount.

TUITION: *before June 25, 2009*

*after June 25, 2009*

\$700 Physician

\$775 Physician

\$600 IAOS Member

\$675 IAOS Member

\$300 Active Duty Military

\$375 Active Duty Military

\$500 Industry Professionals

\$575 Industry Professionals

\$100 Resident

\$175 Resident

\$150 Other Healthcare

\$225 Other Healthcare

## REGISTRATION METHODS

Online: [www.chicagotraumasymposium.com](http://www.chicagotraumasymposium.com)

Phone: To register by phone, contact **(847) 324-3965**

Mail: This entire page can be mailed with payment to:

Chicago Trauma Symposium

P.O. Box 57300

Chicago, IL 60657

Please make checks payable to: **Illinois Bone & Joint Foundation**

For additional information or for any special needs,

*The planners and sponsors of this function claim no liability for the acts of any suppliers to this meeting nor for the safety of any attendee while in transit to or from this event. The planners and sponsors reserve the right to cancel this function without penalty. The total amount of liability of the planners and suppliers will be limited to a refund of the registration fee. Your registration acknowledges acceptance of these provisions. A \$75 processing fee will be added for all cancellations until July 17, 2009. No refunds will be made after July 17, 2009.*