

13th Annual Chicago Trauma Symposium

Chicago, Illinois • August 25-28, 2011

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

E-MAIL: _____

Course Tuition: Includes instructional materials, continental breakfast, lunches, refreshment breaks, and reception. Register before July 13, 2011 to receive a \$75 discount.

- | | | |
|----------|---|---|
| TUITION: | <i>on or before July 13, 2011</i> | <i>after July 13, 2011</i> |
| | <input type="checkbox"/> \$700 Physician | <input type="checkbox"/> \$775 Physician |
| | <input type="checkbox"/> \$600 IAOS Member | <input type="checkbox"/> \$675 IAOS Member |
| | <input type="checkbox"/> \$300 Active Duty Military | <input type="checkbox"/> \$375 Active Duty Military |
| | <input type="checkbox"/> \$500 Industry Professionals | <input type="checkbox"/> \$575 Industry Professionals |
| | <input type="checkbox"/> \$100 Resident | <input type="checkbox"/> \$175 Resident |
| | <input type="checkbox"/> \$175 Other Healthcare | <input type="checkbox"/> \$250 Other Healthcare |

REGISTRATION METHODS

Online: 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 25, 2011. No refunds will be made after July 25, 2011.