

The American Orthopaedic Association
The AOA~Kellogg Leadership Series
Module One, November 9-11, 2007

To expedite the processing of your registration, you may register online instead of completing this form. If you have Internet access, please visit the AOA Web site to register online. AOA Web site: <http://www.aoassn.org>

Program Transfers:

Program transfer requests to a future session **must be received in writing**. Registrants are permitted **one transfer only** before forfeiting the total tuition fee.

Transfer requests received 61 days or more prior to the first day of the program (September 9 or before) will incur a \$75 transfer fee; 31 to 60 days prior to the first day of the program (September 10 to October 9) will incur a 50% transfer fee. Transfer requests received within 30 days or less prior to the first day of the program (October 10 or after) will forfeit tuition fee.

Please fax your request to 847.318.7339 attention Kellogg Registrar or send an email request to Kellogg@aoassn.org.

Cancellation Policy:

All cancellations and refund requests **must be received in writing**. Cancellations received 61 days or more prior to the first day of the program (September 9 or before) will receive at 50% refund. Cancellations received within 60 days or less of the first day of the program (September 10 or after) will forfeit tuition fee.

**NOTE: This policy applies to all forms of payment. Please fax your request to 847.318.7339 attention Kellogg Registrar or send an email request to Kellogg@aoassn.org.*

Required Acceptance: I acknowledge that I have read and accept the conditions of this policy.

A1. NAME OF PERSON PROCESSING REGISTRATION ON BEHALF OF DELEGATE

(*indicates required information)

*Name _____ *Telephone# _____ *Email _____

A2.. PARTICIPANT INFORMATION

Delegate Information (*indicates required information)

*Salutation: Dr. Mr. Mrs. Ms. Other _____

*First name _____ Middle Initial _____

*Last name _____ Title/Desig. _____

Organization/Institution _____

* Mailing address _____

*City _____ *Province/State _____


*Postal/ZIP code _____ *Country _____

*Telephone# _____ Fax # _____

*E-mail _____

Special Needs

Dietary restrictions: Vegetarian Kosher Food allergy(s) _____

 Wheelchair accessible accommodations needed. Details: _____

Other physical access needs. Details: _____

B. REGISTRATION DETAILS

Registration Date	AOA Member/Emerging Leader	Non-member	Amount:
Module 1, November 9 - 11, 2007	\$990.00	\$1,250.00	\$ _____
Registration Total:			\$ _____

C. HOUSING DETAILS

Housing Location: Hotel Orrington www.hotelorrrington.com
 1710 Orrington Avenue
 Evanston, IL 60201

****PLEASE DO NOT CONTACT THE ORRINGTON DIRECTLY TO MAKE YOUR RESERVATION****

- YES, I would like a reservation for Friday and Saturday night. (November 9 – 10, 2007)
- Yes, I will ALSO need a reservation for Thursday night (November 8, 2007)
- NO, I will arrange for alternate housing; I understand by doing so, I'm responsible for my own transportation to and from the Allen Center Learning Facility.

Although the AOA will make your reservation, ***your credit card information must be provided to the Hotel to confirm your reservation.*** Payment for all charges will be due directly to the Hotel Orrington. You will be asked to present a credit card at check-in. ***The reduced rate per night is \$151.00 plus applicable taxes,*** currently 13.5%. All non-room purchases are subject to Illinois State Sale Tax, currently 8.75%. **Any "no show" reservations will be charged to your credit card.**

Housing payment: credit card information required to confirm hotel reservation.

Card # _____ Exp. Date: _____

Authorized Signature: _____

NOTE: Per contract obligations with the hotel, room cancellations or arrival/departure changes **must be made at least 72 hours prior to scheduled arrival.** Early check-outs will be billed for the full duration of the reserved stay.

D. PAYMENT SUMMARY

TOTAL REGISTRATION FEE: \$ _____

FORM OF PAYMENT: Check Visa MasterCard

Cardholder name (as it appears on the card): _____

Card # _____ Exp. Date _____

Authorized signature: _____

Fax **OR** mail both (2) pages, of this registration form with full payment to:

AOA, 6300 N. River Rd. Ste 505, Rosemont, IL 60018, USA; ***Fax to 847-318-7339***, Phone 847-318-7330.

****NOTE:*** *If you do not receive a confirmation via mail within ten business days, you may not have properly registered. In this case, contact the Registrar to confirm your registration at 847.318.7330.*