ORTHOPAEDIC TRAUMA ASSOCIATION

ADVANCED TRAUMA TECHNIQUES COURSE for RESIDENTS

An Intensive 2-day OTA Symposium for Senior Residents

May 16 – 17, 2008 • Adam's Mark Hotel Dallas • Dallas, Texas, USA

**Registration fee includes breakfasts, lunches, course syllabus, 8 hands-on labs, and OTA Welcome Reception.*

REGISTRATION FORM

On-line registration available at: www.ota.org

Please type or print

Register on-site after May 2, 2008

Avoid duplicate charges — do NOT mail previously faxed registration form.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____)_____ Fax (____)_____ E-mail: _____

Registration Fees:

If received *on or before* May 2, 2008	$400.00 (U.S.)	$ _____
On-site Registration *after* May 2, 2008 *(Contact OTA to confirm availability)*	$450.00 (U.S.)	$ _____
Friday Night Reception ❑ I will attend	$ 0.00 (U.S.)	$ *no charge*
Additional Guest(s) at the Friday Night Reception qty: _____	$ 0.00 (U.S.)	$ *no charge*
Guest Names(s): _____		
Due to the generous support of industry sponsors, the OTA is able to offer attendees $300 tuition scholarships. ALL registrations received prior to May 2 will qualify.	$-300.00 (U.S.)	$ -300.00
	Amount Enclosed	$ _____

❑ Cash ❑ Check Card Number Exp. Date: _____

❑ Visa ❑ Mastercard

Signature: _____ Credit card registrations may be faxed to (847) 823-0536.

- I am a ❑ PGY 2 ❑ PGY 3 ❑ PGY 4 ❑ PGY 5 ❑ Other: _____

Resident Course Travel Scholarship:

- **Eligibility:** A travel scholarship is available to all PGY 4 -5's registered for the May 16 - 17, 2008 OTA Residents Course.
- **Available Funding:** The travel scholarship will cover up to 3 nights lodging at the Adam's Mark Hotel Dallas over the following dates: May 15 - 17, 2008.
- **Requirements:** To receive this scholarship, a letter verifying resident PGY level of 4 or 5 must be mailed or faxed to the OTA Office.

❑ **YES, I QUALIFY** and would like to accept the 2008 OTA Residents Course travel scholarship. I understand that I am responsible to make my hotel reservation, and provide the hotel with a credit card number to cover any incidental room costs. When making hotel reservations, be sure to state you will be attending the OTA meeting. The OTA Business Office will make arrangements to cover the cost of your hotel room prior to your check out.

❑ Check here if ADA accommodations are desired. Please specify: _____

Refund Policy: Written notice of cancellation must be sent before May 2, 2008 for a full refund. Cancellations received after May 2, 2008 are subject to a $50.00 processing fee. **NO REFUNDS AFTER MAY 14, 2008.**

Allow two weeks for registration confirmation. **Questions: (847) 698-1631**

Return completed registration form and check in U.S. funds to:
OTA 6664 Eagle Way Chicago, IL 60678-1066 USA
Credit card registrations may be faxed to: (847) 823-0536