



2010 Annual Meeting
MEETING REGISTRATION FORM

(Please Print)

Name _____ first _____ last _____ degree _____
 Address _____
 City _____ State _____ Country _____ Zip _____
 Phone (_____) _____ Fax (_____) _____ E-mail _____

ANNUAL MEETING REGISTRATION FEES - U.S. Funds

Postmarked by:
 September 13, 2010.
 Fees increased \$100 on site.

OTA Member (includes Candidate Members in their Residency)	\$ 125.00 USD	<input type="checkbox"/>
OTA International or Candidate (Post-Fellowship) Member	\$ 325.00 USD	<input type="checkbox"/>
Non-member	\$ 725.00 USD	<input type="checkbox"/>
Medical Resident Non-member or Allied Health (<i>attach required letter of verification</i>)	\$ 425.00 USD	<input type="checkbox"/>

All company representatives must use Exhibitor Registration Form (available from OTA staff).

SEATING LIMITED — TICKETS REQUIRED	Wednesday, October 13 Pre-Meeting Opportunities		
	MASTERS LEVEL TRAUMA CODING COURSE	I will attend <input type="checkbox"/>	\$ 200.00
	INTERNATIONAL TRAUMA CARE FORUM	I will attend <input type="checkbox"/>	\$ 50.00
	BASIC SCIENCE FOCUS FORUM ONLY	I will attend <input type="checkbox"/>	\$ 250.00
	BASIC SCIENCE FOCUS FORUM	I will attend <input type="checkbox"/>	\$ 200.00
	Thursday, October 14		
	YOUNG PRACTITIONERS FORUM	I will attend <input type="checkbox"/>	\$ 50.00
	WELCOME RECEPTION (Thursday) - Registrant	I will attend <input type="checkbox"/>	\$ 0.00 (on site \$30)
	Guest Reception Ticket(s) # of Guests: _____ @ \$65.00 USD ea =		\$ _____
	Friday, October 15		
WOMEN IN ORTHOPAEDIC TRAUMA LUNCHEON	I will attend <input type="checkbox"/>	\$ 0.00 (on site \$30)	
MILITARY RECEPTION	I will attend <input type="checkbox"/>	\$ 0.00	
Mini Symposia, Skills Labs, or Case Presentations (See www.ota.org for descriptions.)			
Friday, October 15			
Friday 6:45 am: Case Presentations (#F-1 – F-5)	1st Choice # _____	2nd Choice # _____	
Concurrent Sessions: LIST TOP TWO CHOICES	1st Choice # _____	2nd Choice # _____	
Friday 1:00 pm: Skills Labs or Mini Symposia (#F-6 – F-11)	1st Choice # _____	2nd Choice # _____	
Saturday, October 16			
Saturday 6:45 am: Case Presentations (#S-1 – S-5)	1st Choice # _____	2nd Choice # _____	
Concurrent Sessions: LIST TOP TWO CHOICES	1st Choice # _____	2nd Choice # _____	
Saturday 12:30 pm: Skills Labs or Mini Symposia (#S-6 – S-11)	1st Choice # _____	2nd Choice # _____	

Check Enclosed MasterCard Visa AMEX TOTAL FEES: \$ _____ USD
 Cardholder Name: _____ Card Number: _____
 Expiration: _____ Signature: _____ Amount: \$ _____ USD

Don't forget to register online for Wed/Thurs. tours of the USNS Comfort vessel & the R. Adams Cowley Shock Trauma Center.

REFUNDS:

OTA office must receive written notice of cancellation by September 27, 2010 for a refund less a \$100.00 USD processing fee.

Absolutely no refunds after September 27, 2010.

Make checks payable to: Orthopaedic Trauma Association, 6664 Eagle Way, Chicago, IL 60678-1066, USA

REGISTER ON-SITE AFTER SEPTEMBER 13, 2010 - AN ADDITIONAL \$100 USD FEE WILL APPLY.