

Register online at aana.org/APEx

**Emerging Concepts in Patellofemoral Surgery: From
Instability to Arthroplasty**
September 8-9, 2017
OLC Education & Conference Center • Rosemont, Illinois, USA

Personal Information

First Name: _____ Middle Name: _____
Last Name: _____ Suffix (Sr., Jr.): _____
Professional Designation (MD, DO): _____ Additional Degrees: _____
Business Phone: _____ Mobile Phone: _____
Business Email: _____ Personal Email: _____

Primary Address

Company/Organization: _____
Street 1: _____
Street 2: _____ Street 3: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____

Payment Information

AANA Member Registration..... \$2,499
 Non-member Registration..... \$2,999
 Add your PA, RN, or other support staff..... \$800 PA/RN/Staff Name: _____

Credit Card

Visa MasterCard Discover American Express

Card #: _____ CVV Code: _____ Exp. Date: _____

Signature: _____

Wire Transfer

Please send me instructions to pay by wire transfer. I understand that my registration will not be complete and my spot will not be guaranteed until AANA receives payment.

Check

Check enclosed (please follow the instructions on the second page to mail this form to AANA).
 I will send a check separately. I understand that my registration will not be complete and my spot will not be guaranteed until AANA receives payment.

Arthroscopy Skills Assessment

How many arthroscopic procedures do you perform per month?

0–10 11–25 25–50 50+

How many knee arthroscopies do you perform per month?

0–10 11–25 25–50 50+

Please list on a scale of 1-5 (1 most important, 5 least important) the **top 5 surgical procedures** you have identified as an educational need:

1. _____
2. _____
3. _____
4. _____
5. _____

Please rank your choice of arthroscopic video equipment:

	First	Second
Arthrex	<input type="checkbox"/>	<input type="checkbox"/>
ConMed Linvatec	<input type="checkbox"/>	<input type="checkbox"/>
Smith & Nephew	<input type="checkbox"/>	<input type="checkbox"/>

Please list any special equipment requests:

Please list any dietary restrictions:

How did you hear about this course?

Have you attended any AANA courses at the OLC in the past? Yes No

If you are not a member of AANA, are you interested in joining? Yes No

Complete Your Registration

Submit this form by sending it to AANA via email at **Kassie@aana.org**, or by fax at +1 (847) 292-2268, or by post at:

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