

Joint Arthroplasty Mountain Meeting (JAMM)

presented by The Hip Society, The Knee Society, and AAOS

January 21 – 24, 2018 | Park City, UT

Questions?

Call The Hip Society at 1-847-698-1638 or
The Knee Society at 1-847-698-1632

REGISTRATION CATEGORY	FEE/EA	QTY	TOTAL
<input type="checkbox"/> Physicians <i>registration is limited to 100 physicians!</i>	\$595		
<input type="checkbox"/> Allied health	\$275		
<input type="checkbox"/> Resident/fellow <i>(subject to verification)</i>	\$ 75		
<input type="checkbox"/> Industry <i>(non-exhibitors)</i>	\$495		
<input type="checkbox"/> Spouse/guest <i>(all guests ages 6 and older require registration/badge if participating in planned meals or social events)</i>	\$125		
TOTAL			

Note: JAMM will not offer onsite registration.

Please enter **PRIMARY PARTICIPANT'S** personal information exactly as you wish it to be printed on the identification badge:

First Name: _____ Last Name: _____ MD DO Other: _____

Practice/institution/company: _____

Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Email: _____

PAYMENT INFORMATION

TOTAL Amount Due, as calculated above: \$ _____

Check in US funds made out to **The Hip Society** (mailed to: 9400 W. Higgins Rd, Suite 500, Rosemont, IL 60018 USA) Visa MC AMEX

Card Number: _____ Expiration Date: _____ CVV Code: _____

Signature: _____

Registration fee is payable in full at the time of registration (the fee includes program attendance, program materials, breakfasts, refreshment breaks, and two receptions).

REGISTRATION OPTIONS

1) **Email** completed form to lugar@aaos.org

2) **Fax** completed form to +1 (847) 268-9745

3) **Mail** completed form (with check or credit card details) to:

The Hip Society, 9400 West Higgins Road, Rosemont, Illinois 60018

PRIMARY PARTICIPANT is accompanied by the following guest(s).

All guests ages 6 and older require registration/badge if participating in planned meals and/or social events.

GUEST 1	GUEST 2
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Age (if under 21): _____	Age (if under 21): _____

For additional guests, please attach details.

By submitting this form, I confirm that I authorize The Hip Society or The Knee Society to charge my credit card for the fee stated above.

All personal information will be kept confidential and used only for the purposes stated in this registration form.

I agree with the registration, refund, and cancellation policies as stated above.

By registering for, and attending this course, I agree that my photograph or video may be used by The Hip Society and/or The Knee Society in print and electronic communications, promotional and marketing materials, etc. related to current and/or future JAMM programs.

