



STEP AHEAD

in Podiatric Surgery

7th Annual ASPS Surgical Conference
Swissotel | Chicago, Illinois



REGISTRATION FORM

August 02-03, 2019

First Name	Last Name	Degree	
Address	City	State	Zip Code
Email	Work Phone (include extension)	Mobile Phone	Fax
Affiliation/Institution		Dietary Restrictions	

REGISTRATION CATEGORY

Advance Rates
Until June 21, 2019

Regular Rates
After June 21 including onsite conf. registration

ASPS Member	\$199.00	\$249.00
Non-Member	\$299.00	\$349.00
Students & Residents	COMPLIMENTARY	COMPLIMENTARY

Return registration form via:

- Email to registration@aspsmembers.org
- Fax to 877.330.0228
- Mail to: American Society of Podiatric Surgeons
139B James Comeaux Rd, Suite 555
Lafayette, LA 70508

PAYMENT INFORMATION

Payment by Check
Payable to: American Society of Podiatric Surgeons

Payment by Credit Card
 Visa MasterCard Amex Discover

Card Number: _____

Expiration Date: _____

Security Code: _____

Cardholder Name: _____

Signature: _____

Cancellation requests must be submitted in writing by mail, fax (888.502.8665), or via email to registration@aspsmembers.org no later than 45 days prior to event. All cancellations received and/or postmarked by said date will receive a full refund, less a \$75 administration fee. No refunds will be issued after the 45 day period or for "no shows". Visit aspsmembers.org for our full cancellation policy.

