

12th INTERNATIONAL SPORTS MEDICINE FELLOWS CONFERENCE

Comprehensive Approaches to Articular Cartilage Repair and Hip Arthroscopy

January 27-29, 2012 • Carlsbad, California

REGISTRATION FORM

Personal Information - PLEASE PRINT CLEARLY FOR BADGE PURPOSES

Surname (First) Name: _____ Family (Last) Name: _____

Address: _____

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

Telephone: _____ Fax: _____

E-mail (required): _____

Name As It Should Appear On Badge: _____ Degree: _____

Select Record Type: Fellow Resident Doctor Company Rep. (Company: _____)

Registration Information		Price	Total
<input type="checkbox"/>	Meeting Registration	US \$150	
Optional Small Group Demonstrations		Price	Total
Sunday, January 29, 2012: 11:00 am – 1:30 pm			
<input type="checkbox"/>	Hip Arthroscopy Model Workshop & Cadaveric Demonstration	US \$50	
		GRAND TOTAL	

Method of Payment

Check (Payable to MCJ Consulting) VISA MasterCard American Express Cash (US Only)

Card Number: _____ Expiration Date: _____ CCV#: _____

Name (As It Appears On Card): _____

Signature: _____

By submitting this form, attendees allow MCJ Consulting, LLC to charge their credit card for the total registration amount.