

Pediatric Orthopaedic Education Series

Saturday, March 27, 2010



A seminar for pediatricians, family practitioners, orthopaedic surgeons, physician assistants, advanced practice nurses and allied health professionals

REGISTRATION FORM

Pediatric Orthopaedic Education Series

Saturday, March 27, 2010

Print name: _____ Degree: M.D., D.O., P.A., A.P.N. Other: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

AMA/PRA Credit Requested Yes No Last four digits of SSN: _____

SPACE FOR THIS SESSION IS LIMITED. EARLY REGISTRATION ENSURES PREFERRED SEATING.

Please make check payable to Texas Scottish Rite Hospital for Children.

Payment Method: Check VISA MasterCard American Express Discover

Name of Cardholder: _____ Signature: _____

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Ways to register: (1) complete this form and mail with payment of \$75 postmarked on or before March 12, 2010, and after March 12 the registration fee is \$100; (2) call Marianne Crook at (214) 559-8561 with credit card information; or (3) register at the door. Pre-register by March 12, 2010.

TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN
ATTN: MARIANNE CROOK
PO BOX 199300
DALLAS, TX 75219-9842