



2010 6th Annual Orthopaedic Update for Allied Healthcare Professions

July 31, 2010 at Lake Brantley High School



Name: _____

Address: _____

City, ST Zip: _____

Phone: _____ E-mail: _____

(Necessary for e-mail confirmation)

Medical Profession (1): _____ Cert/Lic.# _____
(AT's please provide BOC cert. # only)

Medical Profession (2): _____ Cert/Lic.# _____
(AT's please provide BOC cert. # only)

Seminar Registration

Cost (Please Check one)

Seminar (Check One Only)

Pre-registration (before July 26) \$30

Late/On Site Registration (after July 26) \$45

Optional Workshop (Check One Only)

CPR for Healthcare Professionals (limited to 25) \$35

Lunch Choices (Check One Only)

Personal Cheese Pizza \$0

Personal Pepperoni Pizza \$0

Grilled Chicken Garden Salad \$5

Turkey Sandwich \$5

Garden Salad \$5

Printed Program Manual \$5

Total Cost \$ _____

Please make checks payable to **Orlando Orthopaedic Center** and mail it with your registration form to:

Bob Hammons, M.Ed., ATC, LAT
Orlando Orthopaedic Center
25 W. Crystal Lake Street, Suite 200
Orlando, FL 32806

(Late registration after July 26th is \$45.00. No refunds will be granted after July 26th)
On line registration with electronic payment is also available. Please visit our website at

www.orlandoortho.com for instructions and more information.

[mail in reg form.docx](#)