



Occupational Health: Building a Successful Practice the Right Way!

presented by:

Occupational Health Special Interest Group (OHSIG), Orthopaedic Section, APTA
Friday, October 14, 2016

Club Quarters Hotel
75 East Wacker Drive, Chicago, IL 60601
312.357.6400
8:00 AM - 5:00 PM

Contact/Payment Information:

Name: _____ Credentials: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Billing Address for Credit Card (if applicable): _____

Daytime Phone: _____ APTA #: _____

E-mail: _____

Please check: Orthopaedic Section Mbr; APTA or Non- APTA Member

****If Multiple Registrants, please enter details below:**

1st Registrant Name: _____ Facility: _____

2nd Registrant Name: _____ Facility: _____ **Must be same as above**

3rd Registrant Name: _____ Facility: _____ **Must be same as above**

Visa/MC/AmEx/Discover (circle one) #: _____

Expiration Date: _____ Print name of cardholder: _____

Signature of cardholder: _____ Amount paid: \$ _____

Fax registration form and payment information to to: 608-788-3965

Mail registration form and payment to: Orthopaedic Section, APTA, Inc.,
2920 East Ave South, Suite 200, La Crosse, WI 54601

E-mail registration form and payment information to: tfred@orthopt.org

Questions? Contact the Orthopaedic Section office: 800-444-3982 x2090