ORTHOPAEDIC SECTION, APTA, INC.

2920 East Avenue South, Suite 200
La Crosse, Wisconsin 54601
800-444-3982
608-788-3965 FAX
www.orthopt.org

Supplemental Residency Education Curriculum Package Verification Form

Residency Program: _____

Address: _____

_____

Program Director/Coordinator: _____

Phone Number: _____ E-mail: _____

Program Credentialed? Yes No

Program Developing? Yes No

If developing, anticipated date of application submission (Month/Year): _____

Start/end date of program (month/year): _____

DIRECTOR/COORDINATOR **(NOTE: Directors/Coordinators must be Orthopaedic Section Members to register for the curriculum package)**

Name: _____

APTA #: _____ E-mail Address: _____

Mailing Address: _____

_____

As Director/Coordinator I would like to receive:

- ☐ Entire Residency Curriculum (all 5 courses on CD, along with supplements for all courses, and the statistics DVD)
- ☐ I have already purchased the Residency Curriculum

Director/Coordinator Fees:
- Entire Residency Curriculum ($400 Orthopaedic Section Members)
- Shipping and Handling $10.00 per curriculum package

RESIDENT 1 **(NOTE: Residents must be Orthopaedic Section Members to register for the curriculum package)**

Name: _____

APTA #: _____ E-mail address: _____

Mailing Address: _____

_____

RESIDENT 2 **(NOTE: Residents must be Orthopaedic Section Members to register for the curriculum package)**

Name: _____

APTA #: _____ E-mail address: _____

Mailing Address: _____

_____

RESIDENT 3 **(NOTE: Residents must be Orthopaedic Section Members to register for the curriculum package)**

Name: _____

APTA #: _____ E-mail address: _____

Mailing Address: _____

_____

Resident Fees for Entire Curriculum Package:

$400 Orthopaedic Section Members (Residents must be Orthopaedic Section members to register for the curriculum package.)

$10.00 Shipping and Handling per curriculum

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Credentialed programs: Please submit the following information with this form in order to process your Supplementary Residency Education Curriculum Package Verification Form.

- Residency contract/appointment letter

PAYMENT INFO:

☐ Check enclosed (Payable to Orthopaedic Section, APTA)

☐ Credit card: MasterCard, Discover, American Express, Visa (circle one)

Credit card #: _____

Expiration date: _____

Signature of cardholder: _____

Print name of cardholder: _____

Billing address for credit card: _____

_____

Registration fee (Director: $400) _____

Registration fee (Resident: $400 each) _____

Shipping and handling ($10 per person): _____

Membership fee: _____
(Must be an Orthopaedic Section member to register for the program)

TOTAL: _____