

**Individual Residency Education Curriculum Offering
Verification Form**

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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: _____

Mailing address: _____

As Director/Coordinator I would like to receive the following courses:

_____ I have already purchased the individual (ala-carte) courses my residents
are ordering

Director/Coordinator Fees:

- 3- or 4-monograph course: \$55
- 6-monograph course \$100
- 12-monograph course: \$150

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

RESIDENT 1

Name: _____

APTA #: _____ E-mail: _____

Mailing address: _____

RESIDENT 2

Name: _____

APTA #: _____ E-mail: _____

Mailing address: _____

RESIDENT 3

Name: _____

APTA #: _____ E-mail: _____

Mailing address: _____

Course Titles: _____

Resident Fees for Individual (ala-carte) Courses:

- 3- or 4-monograph course: \$55
- 6-monograph course \$100
- 12-monograph course: \$150

Credentialed programs: Please submit the residency contract/appointment letter with this form in order to process your Residency Education Curriculum Package order.

PAYMENT INFO:

_____ Check enclosed (Payable to Orthopaedic Section, APTA)	Registration fee (Director): _____
_____ Credit card: (circle one) MasterCard, Discover, American Express, Visa	Registration fee (Resident/Residents): _____
Card Number: _____ Exp: _____	Shipping and handling (\$10 per person): _____
_____	TOTAL: _____
Print name of cardholder: _____	
Billing address of cardholder: _____	
