

# ORTHOPAEDIC SECTION

LEADERS. INNOVATORS. CHANGEMAKERS.



## Vendor Application Fee Payment Form

**Contact/Payment Information (please call 608-351-2736 to make a CC payment):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address for Credit Card (if applicable): \_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Visa/MC/AmEx/Discover (circle one) #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Print name of cardholder: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

### Make Checks Payable to:

Orthopaedic Section, APTA, Inc.  
Attn: Brenda Johnson  
2920 East Ave South, Suite 200  
La Crosse, WI 54601