



The Academy  
of Ambulatory  
Foot & Ankle  
Surgery

Introduces Our Semi Annual AAFAS Cadaver Lab  
In New Orleans January 11th-13th 2018  
Marriott Hotel & LSU Medical School  
555 Canal Street, New Orleans, LA 70130 USA

### Attendee Registration Form

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

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

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

### Payment Information

Non Member \$1195.00 \_\_\_\_\_

*Non-Members: Join the Academy now for \$495 and save \$200 on each meeting. If you attend both yearly meetings you will save \$400. [Click here](#) for membership form.*

AAFAS Member \$995.00 \_\_\_\_\_ (member who has not completed the requirement for fellow within the 2 years)

AAFAS Associate Member \$945.00 \_\_\_\_\_ (membership less than 2yrs)

Fellows Members: \$895.00 \_\_\_\_\_

AAFAS Life Member (**Must Be FULLY Retired**) \$275.00 \_\_\_\_\_

Resident/Student \$50.00 for membership/plus \$345.00 \_\_\_\_\_

### Payment Method

Make Checks Payable to : **AAFAS or The Academy of Ambulatory Foot & Ankle Surgery**

Check \_\_\_\_\_ Amount enclosed \_\_\_\_\_

Credit Cards Accepted : Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Amex \_\_\_\_\_

Account Number : \_\_\_\_\_ EXP \_\_\_\_\_

Signature: \_\_\_\_\_

**Mailing Address:** The Academy of Foot & Ankle Surgery  
3707 S Grand Blvd, Suite A  
Spokane, WA 99203

**Phone:** 800-433-4892 or 509-624-1452      **Fax:** 509-624-1128

**Email:** [theacademy@aafas.org](mailto:theacademy@aafas.org)      **Website:** [www.aafas.org](http://www.aafas.org)

## **Hotel Reservations**

**Marriott Hotel**  
**555 Canal Street**  
**New Orleans ,**  
**LA 70130 USA**

**To make reservations please call:**

**504-581-1000 or 1-888-364-1200. Tell them you are with AAFAS**

**Rate: \$169.00 per night**

**We need your feedback, please tell us how you heard about us?**

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**Hope to see you there!**

**JOIN NOW!**

*The Academy Of  
Ambulatory Foot & Ankle Surgery*

**MEMBERSHIP:**

- Fellow
- Associate
- Student
- International

**APPLICATION FORM**

RETURN TO: Academy of Ambulatory Foot and Ankle Surgery  
 3707 South Grand Blvd, Suite A  
 Spokane, WA 99203

Phone: 509-624-1452  
 Toll Free: (U.S. Only) 800-433-4892  
 Fax: 509-624-1128

Name \_\_\_\_\_ Degree \_\_\_\_\_  
 Office Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Residence Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Narcotic License \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**Please include a clear copy of a photo ID. Example: Driver's License, Passport**

**Pre-Medical Education**

College or University \_\_\_\_\_ No. Of Years Attended \_\_\_\_\_  
 Degree \_\_\_\_\_ Date of Graduation \_\_\_\_\_

**Medical Education**

College \_\_\_\_\_ No. Of Years Attended \_\_\_\_\_  
 Degree \_\_\_\_\_ Date of Graduation \_\_\_\_\_

**Post-Graduate Surgical Training including Minimal Invasive, Preceptorships, Internships, & Residency**

Location \_\_\_\_\_  
 Dates \_\_\_\_\_ Length of Time \_\_\_\_\_

**Surgical Experience in Minimal Invasive Surgical Procedures**

**State Licenses and Numbers Held**

1) \_\_\_\_\_ 4) \_\_\_\_\_  
 2) \_\_\_\_\_ 5) \_\_\_\_\_  
 3) \_\_\_\_\_ 6) \_\_\_\_\_

**Recommendations - Two Fellows of the Academy of Ambulatory Foot and Ankle Surgery.**

|             |                |
|-------------|----------------|
| <b>Name</b> | <b>Address</b> |
| _____       | _____          |
| _____       | _____          |

**In making application to the Academy of Ambulatory Foot and Ankle Surgery, Inc.,  
 I agree to abide by its Constitution, By-Laws, Preferred Practice Guidelines and Standards of Care.**

Date: \_\_\_\_\_ Signed \_\_\_\_\_

ASSOCIATE/FELLOW MEMBERSHIP 495.00

**Signature of Applicant**

Applicants for Fellow Membership must submit 8 cases of Ambulatory Foot Out-Patient Surgery with application

APPLICATION FOR FELLOW 75.00

Applicants for Associate Membership have TWO YEARS to complete this requirement.

Case History Report Forms are provided with this Application.

RETIREMENT MEMBERSHIP 100.00  
 MUST BE FULLY RETIRED

The Examining Board reserves the right to examine the practitioner and / or his office.

INTERNATIONAL MEMBERSHIP \$345.00

STUDENTS/RESIDENTS \$ 50.00  
 (Senior students, residents and those on fellowships)

## *The Academy of Ambulatory Foot & Ankle Surgery*

Dear Doctor:

Enclosed find information and an application for membership in The Academy of Ambulatory Foot and Ankle Surgery.

### **FULL MEMBERSHIP**

Membership is \$495.00.

Please be advised that acceptance as a member in the Academy is conditioned upon the following:

- Satisfactory proof of performance of 3 soft tissue cases and 5 bone surgery cases of ambulatory foot surgery, on an out -patient basis. You should submit these 8 case history reports to the National Office, at which time they will become the property of the Academy.
- A survey of your office, instrumentation, and equipment, to be conducted at such time as decided by the Academy and at the option of the Academy, without notice.
- A personal interview as desired by the Membership Committee.

### **ASSOCIATE MEMBERSHIP**

The annual dues are \$495.00 per year for National Members.

The annual dues are \$345.00 per year for International Members.

No proof of 8 cases of ambulatory surgery is necessary at this time.

You do have two years to submit these cases to the Academy.

Associate members have all the benefits of the Full membership, but cannot vote.

If any of the conditions above are not considered satisfactorily met by either the Membership Committee or the Insurance Committee, the applicant will be rejected.

**The Academy is contributing in a significant manner to the development of improved techniques and the enhancement of the image of foot surgery in the eyes of the public. We hope that you will become a member and assist us in the attainment of our goals.**