



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 **Website:** 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?

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.

Name	Address
_____	_____
_____	_____

**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 _____

<input type="checkbox"/>	ASSOCIATE/FELLOW MEMBERSHIP	495.00	Signature of Applicant
			Applicants for Fellow Membership must submit 8 cases of Ambulatory Foot Out-Patient Surgery with application
<input type="checkbox"/>	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.
<input type="checkbox"/>	RETIREMENT MEMBERSHIP MUST BE FULLY RETIRED	100.00	The Examining Board reserves the right to examine the practitioner and / or his office.
<input type="checkbox"/>	INTERNATIONAL MEMBERSHIP	\$345.00	
<input type="checkbox"/>	STUDENTS/RESIDENTS (Senior students, residents and those on fellowships)	\$ 50.00	

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.