

Registration Form

10TH Biennial
ISAKOS 2015
 CONGRESS
 JUNE 7-11, 2015 LYON, FRANCE

PLEASE PROVIDE ALL REQUESTED INFORMATION.

Forms received without all information will not be processed.

ISAKOS ID#:

PERSONAL INFORMATION (PLEASE PRINT CLEARLY FOR BADGE PURPOSES)

| | | | |
|----------------------|--------------------|-------------|---------|
| SURNAME (FIRST) NAME | FAMILY (LAST) NAME | DEGREE | |
| ADDRESS | | | |
| CITY | STATE/PROVINCE | POSTAL CODE | COUNTRY |
| TELEPHONE | FAX | E-MAIL | |

REGISTRATION INFORMATION

Pre-Courses Saturday, June 6, 2015

| | Early by February 28, 2015 | Late by April 30, 2015 | Onsite After April 30, 2015 |
|---|-------------------------------|---------------------------|--------------------------------|
| <input type="checkbox"/> Advances in Management of Knee Pathology: ACL, Meniscus, Patellofemoral, Osteotomy and Chondral Pathology | US \$175 | US \$200 | US \$225 |
| <input type="checkbox"/> International Update on Surgical Controversies of the Shoulder | US \$175 | US \$200 | US \$225 |
| <input type="checkbox"/> ISAKOS and FIFA: Treatment of Soccer Players | US \$175 | US \$200 | US \$225 |

ISAKOS Congress Registration

| | | | |
|--|--|------------|------------|
| <input type="checkbox"/> Member * | US \$700 | US \$800 | US \$900 |
| <input type="checkbox"/> Non-Member | US \$950 | US \$1,050 | US \$1,150 |
| <input type="checkbox"/> Presenter/Faculty | US \$775 | US \$875 | US \$975 |
| <input type="checkbox"/> Allied Health** | US \$400 | US \$500 | US \$600 |
| <input type="checkbox"/> Resident/Fellow ** | US \$400 | US \$500 | US \$600 |
| <input type="checkbox"/> Exhibitor Representative*** | US \$600 | US \$600 | US \$725 |
| <input type="checkbox"/> ICLs | No Additional Fee—Included in Registration | | |

ICL's

| | | | | | | | | |
|--------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Monday, June 8 | <input type="checkbox"/> ICL #1 | <input type="checkbox"/> ICL #2 | <input type="checkbox"/> ICL #3 | <input type="checkbox"/> ICL #4 | <input type="checkbox"/> ICL #5 | <input type="checkbox"/> ICL #6 | <input type="checkbox"/> ICL #7 | <input type="checkbox"/> ICL #8 |
| Tuesday, June 9 | <input type="checkbox"/> ICL #9 | <input type="checkbox"/> ICL #10 | <input type="checkbox"/> ICL #11 | <input type="checkbox"/> ICL #12 | <input type="checkbox"/> ICL #13 | <input type="checkbox"/> ICL #14 | <input type="checkbox"/> ICL #15 | <input type="checkbox"/> ICL #16 |
| Wednesday, June 10 | <input type="checkbox"/> ICL #17 | <input type="checkbox"/> ICL #18 | <input type="checkbox"/> ICL #19 | <input type="checkbox"/> ICL #20 | <input type="checkbox"/> ICL #21 | <input type="checkbox"/> ICL #22 | <input type="checkbox"/> ICL #23 | <input type="checkbox"/> ICL #24 |
| Thursday, June 11 | <input type="checkbox"/> ICL #25 | <input type="checkbox"/> ICL #26 | <input type="checkbox"/> ICL #27 | <input type="checkbox"/> ICL #28 | <input type="checkbox"/> ICL #29 | <input type="checkbox"/> ICL #30 | <input type="checkbox"/> ICL #31 | <input type="checkbox"/> ICL #32 |

Visa Invitation Letter

| | |
|--|---------|
| <input type="checkbox"/> Letter—Electronic Copy/PDF | FREE |
| <input type="checkbox"/> Letter—Original Copy/Embossed/Airmailed | US \$40 |

Concurrent Course

| | Early by February 28, 2015 | Late by April 30, 2015 | Onsite After April 30, 2015 |
|--|-------------------------------|---------------------------|--------------------------------|
| <input type="checkbox"/> Sports Rehabilitation Course Only † | US \$375 | US \$425 | US \$475 |
| <input type="checkbox"/> Sports Rehabilitation Course with Congress Registration | US \$100 | US \$100 | US \$100 |

Social Activities

| | | | |
|--|--|----------|----------|
| <input type="checkbox"/> Welcome Reception | No Additional Fee—Included in Registration | | |
| <input type="checkbox"/> Spouse and Guest Morning Café (Sunday–Thursday) | US \$75 | US \$100 | US \$125 |

TOTAL \$

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Please include the names of all accompanying persons for use in the spouse directory:

PUBLISH INFO IN SPOUSE DIRECTORY YES NO

SURNAME (FIRST) NAME FAMILY (LAST) NAME SURNAME (FIRST) NAME FAMILY (LAST) NAME

SURNAME (FIRST) NAME FAMILY (LAST) NAME SURNAME (FIRST) NAME FAMILY (LAST) NAME

CITY STATE/PROVINCE COUNTRY E-MAIL

TOTAL \$

FROM PAGE 1

ISAKOS IMAGE/ LIKENESS/ VOICE RELEASE

I understand and agree that, as a result of participating as an ISAKOS meeting attendee and/or exhibitor, my image, likeness or voice may be photographed and/or recorded. If family members are attending the meeting with me, their image, likeness and voice may also be photographed and/or recorded. I hereby grant irrevocable and unrestricted permission to ISAKOS and its staff to use my or my family's image, likeness or performance in any medium and for any purpose they deem appropriate. I hereby waive any right to inspect or approve such use of materials. Submission of this Registration Form acknowledges acceptance of these terms.

METHOD OF PAYMENT (contact the ISAKOS Office for wire transfer information)

MAIL THIS FORM AND PAYMENT TO: ISAKOS, 2410 Camino Ramon, Suite 215, San Ramon, CA 94583 USA OR FAX THIS FORM TO: +1 (925) 807-1199

Check (make check payable to ISAKOS in U.S. dollars drawn on US bank) VISA MasterCard American Express

CARD NUMBER EXP. DATE CVV#

4 DIGITS AMEX
3 DIGITS VISA & MC

NAME (AS IT APPEARS ON CARD)

SIGNATURE (I AGREE TO PAY ACCORDING TO THE CREDIT CARD ISSUER AGREEMENT) DATE

By signing this form, attendees allow ISAKOS to charge their credit card for the total registration amount.

Refunds will be subject to a US \$100 processing fee. Requests for refunds must be received in writing in the society office by April 1, 2015

REGISTER ONLINE AT
www.isakos.com/2015congress



* Active and Associate Members Only. Members are required to have paid all dues owed to ISAKOS. If dues are not paid prior to registering, they will be requested at the time of registration.

** Allied Health and Resident/Fellow Registrants must provide proof of status prior to picking up badge onsite. Those who are unable to provide proof of status will be asked to pay the full registration price.

*** Exhibitor representative must provide proof of affiliation (business card) with the exhibiting company and a photo ID in order to receive their badge. Badges will not be given to anyone other than the individual named on the badge.

† Price includes Physiotherapy Course and Exhibit Access only. Registrants cannot attend ICLs and other ISAKOS Congress sessions.