



Association of Residency Coordinators in Orthopaedic Surgery

ARCOS 15th Annual Meeting - Registration Form

Hilton Riverside Hotel

2 Poydras Street, New Orleans, LA 70140

March 6, 2018 New Coordinator Session and Reception

March 6-9, 2018 Annual Meeting

(Please type or print)

Badge/Name Information: _____ TAGME Certified? Yes No

Membership (Please check One) New Member Returning Member

Member Emeritus Begin-End Dates as Coordinator _____ - _____
Years (ex. 1997-2017)

Program (Please check One) Allopathic (MD) Osteopathic (DO) _____

Residency/Fellowship Program Name: _____

ACGME Program Number: _____

Address: _____

City, State, Zip _____

Telephone: () _____ E-mail: _____

Emergency Contact: Name _____ Tel: _____

Dietary Needs: _____

Registration fee: Member \$500.00 Non-member \$1000.00 Member Emeritus \$250

Please note registration deadline is February 9, 2018. After February 9th, a \$50 late fee will be assessed. There will be no refunds for registration paid after February 9, 2018.

I plan to participate in the following activities:

ARCOS New Coordinator Session, March 6, 2018, 2:30 – 4:30pm, Hilton Riverside

ARCOS Cocktail Reception, March 6, 2018, 6:00pm, Pat O’Brien’s at 600 Decatur Street, New Orleans

SPECIAL NOTICE

Optional: Please register with the AAOS as an Allied Health Professional for admission to Expo for AAOS opening ceremonies, exhibits, poster presentations, etc. If you have attended the AAOS meeting before and know your AAOS identification number, you may register from the AAOS website at www.aaos.org. If you do not have an AAOS identification number, please access www.aaos.org and request a Preliminary Program packet. The Preliminary Program packet will contain your AAOS identification number.



Association of Residency Coordinators in Orthopaedic Surgery

Meeting Registration INVOICE

ARCOS
C/O Connie Sams, C-TAGME, Treasurer
UCLA Dept of Ortho Surg 76-143 CHS
10833 Le Conte Ave
Los Angeles, CA 90095
310 825 6557
arcosonlineinfo@gmail.com

Table with 2 columns: Invoice #, Date. Row 1: ARCOS 2018, [blank]

Table with 2 columns: DESCRIPTION, Unit Price. Includes rows for Member Registration Fee (\$500.00), Non-Member Registration Fee (\$1000.00), Member Emeritus Fee (\$250.00), and ITEM TOTAL.

Complete this section and return a copy of invoice with payment:

Member Name (s): _____

Program Name: _____

Make check payable to ARCOS and mail to Connie Sams or pay by MasterCard/Visa on-line at www.arcosonline.org

Mail, email or fax registration form: ARCOS - C/O Connie Sams
UCLA Dept of Ortho Surg 76-143 CHS
10833 Le Conte Ave, Los Angeles, CA 90095
FAX to: 310 825 - 1311
Email to: ARCOSonlineinfo@gmail.com

ARCOS Treasurer Section (For Office Use Only)

Membership Form received: ___Yes ___No

Membership Database Entry (check): _____

Form of Payment: Check number: _____ Deposit Date: _____

Online credit card: _____ Payment Date: _____