EXHIBITOR PROSPECTUS

Credit Card Payment Authorization

Orthopedic Surgery Controversies 2012
Silverado Resort - Napa, CA
September 19-21, 2012

Company Name:

Company Address:

Contact Name:

Credit Card Information:

Type of Credit Card: VISA Mastercard American Express

Credit Card Number: _____ Expiration Date: _____

Name on Credit Card _____

Signature Authorizing Purchase: _____

Printed Name of Signor: _____

TOTAL AMOUNT AUTHORIZED: $_____

Please return registration forms and credit card payment info to:

Paige Ballus
Orthopedic Surgery Controversies 2012
Course Coordinator
336-287-9895 phone
336-766-0318 fax
pballus@triad.rr.com