

**April 27-30,
2023**

In-Person Registration

By MAIL • (complete this form, with payment by credit card, or check payable to ACLES)
American College of Lower Extremity Surgeons • P.O. Box 211 • Greenwich, NY 12834

By FAX • 518-692-8939 (credit card payments only)

NAME _____ LICENSE # _____

ADDRESS* _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

**ADDRESS MUST BE SAME AS THAT SHOWN ON CREDIT CARD STATEMENTS.*

FEES – REGISTER EARLY AND SAVE!

- \$695 Full Registration
- Student or Resident – No charge,
enclose proof of student/resident status

Check enclosed

Charge my: Visa MC Discover

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CARD # _____ CW2 CODE (LAST 3 DIGITS ON BACK OF CARD) _____

EXP DATE (MTH/YR) _____ SIGNATURE _____

CANCELLATION AND REFUND POLICY

Written requests received by April 15, 2023 will be honored, subject to a processing fee of \$50.00. Requests received after April 16 will be refunded at 50%. Refunds are paid 4–6 weeks after the event.

QUESTIONS?

Call Dr. William Sarchino at 518-692-0602.