

**REGISTRATION FORM
ORTHOTIC FITTER COURSE**
powered by Viscent Orthopedic Solutions



April 13-14, 2012 • Dallas, TX
Hilton Garden Inn DFW North/Grapevine

YOUR NAME _____

EMPLOYER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

FAX _____ EMAIL _____

I am a: OTC OPA- C OT- SC RN
 RTR ATC PA-C

OTHER (please list) _____

OTC Number _____

Registration Fees

- NAOT Member \$600
- Non- Member \$650

I would like to become a NAOT Member; please apply \$50.00 of my non-member registration to 2012 dues.

<u>Payment Information</u>	
REGISTRATION DEADLINE: April 6, 2012	
U.S. funds only	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check (payable to NAOT)	Total amount enclosed \$ _____
Credit card #: _____	Expiration Date: _____
Name as it appears on credit card: _____	
Signature: _____	

Return Registration Form and Payment to:
NAOT
8365 Keystone Crossing, Suite 107
Indianapolis, IN 46240

For questions, contact NAOT:
Phone: (317) 205-9484
Fax: (317) 205-9481
Email: naot@hp-assoc.com
www.naot.org

Registration fees include:
-Course materials
-Continental Breakfast and Lunch both days

Registration fees do not include:
-Hotel Accommodations

- Cancellations must be made in writing to NAOT
- Cancellations received on or before March 30, 2012 will be assessed a \$25 service fee.
- There will be no refunds for cancellations received after March 30, 2012 or for no-shows.
- Substitutions are permitted