



The Limb Lengthening and Reconstruction Society:
ASAMI–North America

Twentieth Annual Scientific Meeting
July 16 & 17, 2010
New York, NY USA

Registration Form

Full Name: _____

Credentials: MD MBBS PhD DO EdD Other _____

Institution: _____

Address: _____

City, State, Zip/Postal Code: _____

Country: _____ E-mail Address: _____

Telephone: _____ Facsimile: _____

Are you a member of LLRS? yes no

If yes, have you paid your 2009 membership dues? yes no

Do you belong to other societies/associations? Please list _____

Registration Fees – all amounts are in US funds

- Active/Associate Member: (*dues paid as of January 1, 2009 and registered before June 1, 2010*) – **No Charge**
- Active/Associate Member: (*dues NOT paid as of January 1, 2009 and/or NOT registered before June 1, 2010*) – **\$50.00***
- Corresponding Member: (*dues paid and registered before June 1, 2010*) – **\$250.00**
- Corresponding Member: (*dues NOT paid as of January 1, 2009 and/or NOT registered before June 1, 2010*) – **\$300.00***
- Nonmember: (*if form and payment are received prior to June 1, 2010*) – **\$400.00**
- Nonmember: (*if form and/or payment are received after June 1, 2010*) – **\$450.00**

* in addition to membership dues

Payment – all fees must be paid in US funds; Eurochecks are not accepted. Credit card payments accepted at www.llrs.org only. All meals are included in the registration fee for participants.

check/money order (must be enclosed) credit card online

Will you attend the President's Reception at The Russian Tea Room on Friday, July 16th?

yes no

You may bring one guest to the reception. Please clearly write his/her name here.

Please print any dietary restrictions here. _____

The hotel is compliant with the American Disabilities Act. *Please mark below and explain if you need assistance.*

Cancellations will be accepted and refunds given, less a \$150.00 processing fee, if received in writing before Friday, July 9, 2010. Make checks and money orders payable to LLRS: ASAMI–NA. Mail completed form with check or money order to Karen Syzdek, LLRS: ASAMI–NA, P.O. Box 91868, Austin, TX 78709–1868 USA. If paying online, you must fax this form and confirmation of payment to (512) 301–4751. Phone: (512) 301–7328, E-mail: ksyzdek@assocconvspec.com.