TWIN CITIES ORTHOPEDICS FOUNDATION

Research • Education • Community Service • Advocacy • Training

SPLINT AND CAST FABRICATION WORKSHOP

Name: _____

Institution: _____

Address: _____

Credential: _____

Phone Number: _____ Cell _____

E- mail: _____

Level of Experience: _____

Course Interest:

Fundamentals Upper Extremity _____ Lower Extremity _____

Shirt Size _____ Shorts Size _____

Interest in attending the Advance Course (later 2012): Yes____ No___

Upper Extremity _____ Lower Extremity _____

Method of Payment

1) Credit Card Type _____ Account _____

   Exp_____ Security code_____

2) Make check payable to:

   Twin Cities Orthopedics Foundation
   4010 West 65th Street. Edina, MN 55435
   Attn: Teresa Medina

   Office 952-512-5615
   Cell 612-558-4038