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INVITED GUEST REGISTRATION FORM – please print legibly

RETURN THIS FORM TO THE ABOVE ADDRESS/FAX/EMAIL

**ANTERIOR CRUCIATE LIGAMENT STUDY GROUP MEETING
LeMERIDIEN PHUKET BEACH RESORT**

Saturday, February 20, 2010 to Friday, February 26, 2010

NAME _____

ADDRESS _____

CITY, STATE _____ POSTAL CODE _____

COUNTRY _____

PHONE: _____ FAX: _____

E MAIL: _____

NUMBER OF PEOPLE IN YOUR PARTY: _____ (spouse/significant other)

NAME OF SPONSORING ACL STUDY GROUP MEMBER (must be completed)

Course Registration Fee:

Enclosed is a check for \$425.00 _____ Course Fee – Before December 1, 2009

\$525.00 _____ After December 1, 2009

\$275.00 _____ Spouse/significant other (no deadline)

Checks should be made payable to the *ACL Study Group*. Credit card information below
(MasterCard or VISA only)

3 digit security code

EXPIRATION DATE _____

AMOUNT PAID: \$ _____

SIGNATURE: _____

Please make your hotel reservations directly with the LeMERIDIEN PHUKET BEACH RESORT, Ms. Sopida Pumkatin/Reservations Department, fax +66 (0) 76 340 479 or email: groups.phuketbeach@lemeridien.com



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MEMBER REGISTRATION FORM

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