



Print Name: _____

Subject: Faculty Dinner Reservation

RESPONSE DUE BY November 23, 2009

Email to: dshkap@assh.org

Fax to: (847) 384-1435

You and one spouse/guest are invited to attend the Trauma of the Elbow, Forearm and Wrist faculty dinner on Friday, May 21, 2010. *Time and location TBA.*

Friday, May 21, 2010

- Yes,** _____ (# of people) will attend the faculty dinner on Friday
- Regret,** I will be unavailable to attend

* *PRINT Last Name*

**Return via email (dshkap@assh.org) or fax (847.384.1435) by
April 23, 2010**

American Society for Surgery of the Hand
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