

# 2010 Self-Assessment Examination

## Registration

Please complete a separate form for each registrant. Photocopies are acceptable. Send completed form and payment in U.S. funds to ASSH (payable by check, VISA, MasterCard or American Express) no later than April 2, 2010 to:

**Via Mail:** American Society for Surgery of the Hand  
Department 1005  
P.O. Box 6500  
Chicago, IL 60680

**Via Telephone:** Credit card information must be provided. Call 847.384.8300.

**Via Fax:** Credit card information must be provided and faxed to 847.384.1435.

**Via Internet:** [www.assh.org](http://www.assh.org)

## Applicant Information

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First Name	Mi	Last Name	Degree
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Office Telephone	Office Fax	Home Telephone	
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Organization			
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Mailing Address	City	State	Zip/Postal Code
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Province	Country	E-mail Address	
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Check here to indicate if this is an address change for:  Office  Home

## Fees

ASSH Members \$155  Nonmembers \$195

## Method of Payment

Check enclosed payable in U.S. Funds  Visa  MasterCard  American Express

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Card Number	Credit Card Security Code	Expiration Date	
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Print Name (As It Appears On Card)	Signature		
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