



## T-BONES Annual Meeting Registration

### Fall Meeting 2011

Name and Title:			
Practice Name:			
Mailing Address:			
Phone Number:		Fax:	
Date of Birth:		Gender:	
Work e-mail:			
# of Physicians:			
Certifications:		# of Locations:	
Practice Type:	<input type="checkbox"/> Private <input type="checkbox"/> University Affiliated <input type="checkbox"/> Solo	<input type="checkbox"/> Multi-Specialty <input type="checkbox"/> Hospital Based/Owned <input type="checkbox"/> Clinical	
Does the Practice Employ:	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> MA <input type="checkbox"/> PA <input type="checkbox"/> Ortho Tech <input type="checkbox"/> Radiology Tech <input type="checkbox"/> Other:	<input type="checkbox"/> Occupational Therapist <input type="checkbox"/> NP <input type="checkbox"/> Surgical Asst <input type="checkbox"/> Hand Therapist <input type="checkbox"/> PT	
Does Office Have:	<input type="checkbox"/> X-Ray <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> MRI <input type="checkbox"/> CT <input type="checkbox"/> Occupational Therapy		
Charts:	<input type="checkbox"/> Electronic <input type="checkbox"/> Paper	EMR/EHR Name:	
PMS Name:			

Meeting registration fee is \$75 per person and is payable by check only.

Please make checks payable to: T-BONES

Mail or fax to: T-BONES  
 c/o Hilary Marshall  
 9737 Great Hills Trail #240  
 Austin, Texas 78759  
 Phone: (512) 708-8834  
 Fax: (512) 708-8131

