

Experts Arthritis

Registration Form for an Experts in Arthritis Session

To expedite getting materials to you in time for your session(s), please complete and return as soon as possible

Location, Organizer, Presenter

Session location: _____

Address: _____

Date of session(s) and time(s): _____

Expected no. of participants: _____

Organizer Contact Information

Name: _____

Position: _____

Organization: _____

Address: _____

Email: _____

Phone: _____

Presenter Contact Information (if known)

Name: _____

Position: _____

Organization: _____

Address: _____

Email: _____

Phone: _____

Presenter Contact Information (if known)

Name: _____

Position: _____

Organization: _____

Address: _____

Email: _____

Phone: _____

Note: If you have more presenters please attach their information on a separate sheet.

Promoting the session(s)

Promo Flyer Template (available from USBJI)

Color flyer (8½ x 11, one-sided) with details on session, including date, time, place, speaker that can be reproduced. The flyer can also be printed up as a poster.

___ Yes, we would like to use (USBJI will coordinate production with you)

___ No, we will make up our own flyer

Bookmarks

With date, time, place and speaker details.

Quantity: _____

Please return to:

Experts in Arthritis

United States Bone and Joint Initiative, NFP
9400 W. Higgins Road, Suite 500

Rosemont, Illinois 60018-4976

Phone: 847.430-5054/5052

Fax: 847.823.1822

Email: usbji@usbji.org

Thank you.