

# SHOE FITTER SEMINAR

Provided By CFS Allied Health Education  
Sponsored By ORTHOFEET, Inc.

July 15, 2009, Orlando, Florida

## REGISTRATION FORM

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Company: \_\_\_\_\_

\*Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

\*City / State / Zip: \_\_\_\_\_

\*Phone #: \_\_\_\_\_

\*Fax #: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

\_\_\_ Check Enclosed; Check #: \_\_\_\_\_; Check Amount (\$)\_\_\_\_\_

Credit Card: \_\_\_ Visa; \_\_\_ MasterCard; \_\_\_ American Express

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Required

Please print out this form, fill out the \*required information,  
and fax it to Orthofeet, Inc. at: 201-767-6748, or mail it to:  
Orthofeet, 152 Veterans Drive, Nortvale, NJ 07647