



# Own the Bone™ Enrollment Form

## Site Information

Are you enrolling as a system?  Yes  No  
 If Yes, please complete system information as well as the rest of the form →  
 If Yes, enrolling \_\_\_\_\_ (#) of sites  
 Please complete site information for each participating hospital

Site Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Web site: \_\_\_\_\_

## Champion Information/Principal Investigator

(Primary manager)

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Mailing Address (if different than above):  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

Check here if we or other Own the Bone registry members may contact you to discuss best practices

## Primary Contact Information

(Day to day site clinician)

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Mailing Address (if different than above):  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

Check here if we or other Own the Bone registry members may contact you to discuss best practices

## Back-Up Contact Information

(Back up to day to day site clinician)

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Check here if we or other Own the Bone registry members may contact you to discuss best practices

## System Information

System Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Web site: \_\_\_\_\_

## Billing Information

Bill system  Bill site  Other  
 If other, complete information below

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

How did you learn about Own the Bone?  
 \_\_\_\_\_

### Enrollment is Easy:

1. Mail or fax completed enrollment form to the River Road Address below or fax to 847-318-7339.
2. AOA will send or email a contract to be signed by the site.
3. Payment must accompany two original signed contracts.
4. Once signed contract and payment have been received, program materials will be sent to you.

If you have any questions, please call 847-318-7336.

### Own the Bone Annual Hospital Enrollment Rate:

\$2,000/year (Fees subject to change)

#### System Discounts:

2-5 sites	\$1800 each (15% discount)
6-10 sites	\$1700 each (20% discount)
11+ sites	\$1600 each (25% discount)

### Credit Card Payment:

Type of Credit Card  MasterCard  Visa  
 Name as it appears on the card: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Signature of Cardholder: \_\_\_\_\_

### Payment by Check:

Payable to American Orthopaedic Association  
 P.O. Box 95289, Palatine, IL 60095-0289

Please return completed form via fax or mail to:

**Own the Bone**  
 c/o The American Orthopaedic Association  
 6300 N. River Road, Ste. 505, Rosemont, IL 60018-4263  
 Tel: 847-318-7336 • Fax: 847-318-7339  
 ownthebone@aoassn.org • www.ownthebone.org