



REGISTRATION FORM

FIRST NAME	LAST NAME	AIA #	
COMPANY		JOB TITLE	
ADDRESS	CITY	STATE	ZIP
PHONE		EMAIL	

CHECKS MADE PAYABLE TO UNITED SPINAL ASSOCIATION

PLEASE MAIL COMPLETED REGISTRATION FORM & PAYMENT TO:

UNITED SPINAL ASSOCIATION

ATTN: ABBY FITZSIMMONS

75-20 ASTORIA BLVD

JACKSON HEIGHTS, NY 11370

Contact Abby Fitzsimmons at 718-803-3782 ext. 7207 or afitzsimmons@unitedspinal.org with any questions or to pay via credit card