I N V O I C E

2026-2027 PROGRAM DUES INVOICE

Dues for 2026-2027 academic year are based on the number of residents in each program. Dues for the Program Director are included in the Program Fee.

Number of residents in your program _____ x 35.00 per resident x 7 meetings

$ _____ enclosed

Please complete and return this form with your payment.

(PLEASE PRINT)
Program Name_____

Program Director_____

Director's email address_____

Program Coordinator _____

Coordinator's email address_____

Mailing Address_____

City, State, Zip_____

Phone_____ Fax_____ Email_____

Federal exempt tax identification number for the Philadelphia Orthopaedic Society 23-2185796

Please return this statement with your payment to:

Teri Wiseley, CMM
Philadelphia Orthopaedic Society
308 Rolling Creek Road
Swarthmore, PA 19081