

American Society of Orthopedic Professionals

PO Box 7440
Seminole, FL 33775
voice-727-394-1700
fax-727-231-8385

Paid Receipt for ASOP Orthopedic Casting Workshop

Date _____

Workshop City _____ Workshop Dates _____

___ Paid by Check

___ Paid by Credit Card Amount _____

Thank you,



Charles Barocas, Director