

How to become a member

AO Trauma Member (会員)登録方法 <u>すでにOnline registrationをされている方</u> <u>過去にMember だった方</u>



AO Trauma Website にアクセス

www.aotrauma.org

Step 1: "Membership" タブをクリック



Step 2: "AOTrauma community" タブをクリック



Join AO Trauma in three simple steps:

Browse your FAQ Find answer to your questions FAQ Perform a prerequisite check Check if you fulfill the requirements

Membership requirements

Apply Join the AO Trauma network

Step 4: E-mail & Passwordを入力 "Login to your account" をクリックしてログイン

Login		Enter your e-mail*		
Login or create an account for your AO experience.		Password*		
	過去に登録した際の、E-mail addressと Passwordをご入力ください。	Login to your account		
	Passwordがわからない場合は、Login to your account 下部の"Forgot password"で再設定をしてください。	Change password? Forgot password?		
		Create new account >		

Click for help

Step 5: 右上"Become a member ⇒ AO Trauma"をクリック



AO

Step 6: Prerequisites(条件), Fee(会費)等を確認



AO

Step 7: Prerequisites(条件), Fee(会費)等を確認

Select your membership subscription

AOTrauma - Member

As an AOTrauma Member you have exclusive access to a broad range of valuable benefits, which are aimed at accelerating your learning, assisting you in your daily clinical practice and helping you to continuously improve patient care. Benefits include:

- AOPEER
- Case Forum
- Case Library
- Educational Videos
- · Fellowship Opportunities
- · Free e-books and book discounts
- Geriatric Orthopedic Surgery & Rehabilitation Journal
- 3D Human Anatomy Software
- · Insights Orthopedics
- · Journal of Perioperative Practice
- Member Directory



Step 8: 登録情報を確認後、 "Copy Work Address to Delivery Address"をクリック

Work Address

Please note, the address provided in this section will only be shown in the **Member directory**. This is NOT the delivery / shipping address. Please use the Delivery Address below to indicate where physical items should be shipped.

Work Organization *	所属先	
Work Department *	所属先部科	※送付先住所が、 所属先と異なる場合は、
Work Unit		コピーをせず、手入力
Work Country *	Japan 🗸	
Work Street *	住所	
Work Zip/Postal Code *	郵便番号	
Work City *	区市町村	
Work State/Province *	都道府県	
	Copy Work Address to Delivery Address	

Step 9: 登録情報を確認 "Save & Next"をクリック

Delivery Address

Please provide your **home** or work address, where you prefer to **receive printed materials** such as **journals**, etc. If desired, please utilize the Delivery Street field to provide your Organization, Department, and Unit on separate lines as illustrated in the example below.

Home Example Delivery Street: Homesweethome Rd. 123

Work Example Delivery Street: Queen's Medical Centre Centre for Spinal Studies & Surgery Derby Road

Delivery Country	送付先国名
Delivery Street	送付先住所
Delivery Zip/Postal Code	送付先郵便番号
Delivery City	送付先区市町村
Delivery State/Province	送付先都道府県



Step 10: 会員条件を確認後、情報を入力 入力後"Next Step"をクリック



Step 11: 支払いPlan(1年 or 2年)を選択、"Next Step"をクリック



Step 12: クレジットカード情報入力後、"Process Payment"をクリック

Payment Information		Order To	otal	CHF 100.00			
1. Choose a Payment Method			Order Sun	nmary 1 Item	CHF 100.00		
Credit Card Invoice Me	*Card Holder Name				Discount Code	Apply	
				Total: CHF 1		00.00	
	*Card Number		*CVV			1 Item	
				Order Su	ummary		
	*Exp Month	*Exp Year		4.01			
	01	2020	\$	Â	Irauma - Memper		
	Would you like to save this payment method for future use?			>	1 × CHF C 1 100.00 1	CHF (X) 100.00 >	
	Billing Address						
	+ Create Address			※サン		沢しております。	
	Address is optional.		別画口				
	Process Paymer						

Step 13: Member 支払完了

- AO Trauma から Auto message (自動配信メール) が届きます
- ・ 届かない場合は迷惑メールフォルダーをチェック
 ・



