

## **Annual Meeting Registration Form**

Southern Orthopaedic Association's 36th Annual Meeting July 17-20, 2019 • Omni Amelia Island Plantation • Amelia Island , FL www.soaassn.org • Phone: 866-762-0730 • Fax: 410-494-0515

Name	è		Degree	Sub-Specialty		
Company/Institution				Department		
Addre	oog.			City State ZII	D	
Audi	css			City State Zii	<del>.</del>	
Office Phone Email Address			ddress			
DI	/ADV 137 141 70 /. 3					
Physician/Allied Health Registration Fee Includes: Scientific Sessions, Scientific Poster Sessions, Multimedia Education Sessions, Symposia, Continental Breakfasts, Workshops, Breaks, Welcome Dinner, Exhibitor Reception, Grilling & Games.			nental Breakfasts,	# Tours/Activities	Fee	
Spouse/Guest Registration Fee Includes: Spouse/Guest/Child Hospitality Thursday-				Sprouting Project - Thu 7/18 (\$20)		
Saturday, Welcome Dinner, Exhibitor Reception, and Grilling & Games.				Deep Sea Fishing - Thu 7/18 (\$265)		
Child Registration Fee Includes: Spouse/Guest/Child Hospitality Thursday-Saturday, Welcome Dinner, Kids' Movie Night on Friday and Grilling & Games.				Culinary Demo - Fri 7/19 (\$69)		
****	white Dilliner, Rids Wievie Hight on	riday and Orning & Gan		Golf Tournament - Fri 7/19 (\$175)		
		Early Bird Fee		Tennis Round Robin - Fri 7/19 (\$22)		
#	Registrant Category	through 4/30/19	Regular Fee			
	New 2019 SOA Member	\$395	\$395			
	SOA Member Physician	\$595	\$695	<b>ONLY</b> complete the section below for <b>unregistered</b> spand children who wish to attend the events.	ouses, guests	
	Non Member Physician	\$895	\$995	These events are already included for <b>registered</b> spouses, guests and children.		
	Non Member Presenter	\$695	\$695	# Unregistered Guest Events	Fee	
	Emeritus Member	\$350	\$400	Spouse/Guest/Child Hospitality - Adult (\$40) - Thu	100	
	Active Duty Military	\$150	\$200	Spouse/Guest/Child Hospitality - Child 5-17 (\$20) - Thu		
	Allied Health Professional	\$300	\$350	Welcome Dinner - Adult (\$100) - Thu		
	Resident/Fellow	\$100	\$150	Welcome Dinner - Child 5-17 (\$50) - Thu		
	Resident/Fellow Presenter	\$100	\$100	Spouse/Guest/Child Hospitality - Adult (\$40) - Fri		
	Medical Student	\$100	\$150	Spouse/Guest/Child Hospitality - Child 5-17 (\$20) - Fri		
	Medical Student Presenter	\$100	\$100	Exhibitor Reception - Adult (\$75) - Fri		
		Farly Bird Foo		Kids' Movie Night (\$25) - Fri		
#	Guest Category	Early Bird Fee through 4/30/19	Regular Fee	Spouse/Guest/Child Hospitality - Adult (\$40) - Sat		
	Spouse/Guest (18+)	\$200	\$225	Spouse/Guest/Child Hospitality - Child 5-17 (\$20) - Sat		
	Child(ren) 5-17 years	\$35	\$35	Grilling & Games - Adult (\$150) - Sat		
	Child(ren) under 5 years	No Charge	No Charge	Grilling & Games - Child (\$50) - Sat		
Dlea	se provide the information bel	ow for each of your ac	hilt miests so	oriming or cumor crima (que) cui		
	can include their name badges					
chile	dren (5-17) will receive a wrist	band.		Physician/Allied Health Registration Fo	00 <b>C</b>	
Spour	se/Guest Name	City	State	Guest Registration Fe		
Брои.	Sel Guest Name	City	Suic	Tours/Activities Fe		
Guest	t Name	City	State			
Cuasi	t Name	City	State	Unregistered Guest Event Fe	-	
Guesi	t Name	City	State	TOTA	.L \$	
Spou	se/Guest Email Address for Meeting	Updates				
CAN	ICELLATION POLICY: Full refur	nd (less \$50.00 administrati	ve fee) will be granted if a	Check Enclosed (payable to Southern Orthopaedic Association)		
cance	ellation is made prior to 10 busine	ss days before the meeting	ng date; a 50% refund i	f A Charge my: A Visa A MasterCard A American Ever	ess	
	eled between 5 and 10 business days in 5 business days of the meeting, or		No refund will be granted			
♦ SPECIAL NEEDS: If you have hearing, vision or mobility impairment and need appropria				Credit Card Number Expiration	n Date CVV	
accommodations in order to participate fully in this activity, please check here and notify us b June 15, 2019. You will be contacted by the SOA Management Company, DTMS, to discuss				Name on Card		
vour needs.						