



Annual Meeting Registration Form

Southern Orthopaedic Association's 40th Annual Meeting

July 26-29, 2023 • Hotel Effie Sandestin • Miramar Beach, FL

www.soaassn.org • Phone: 866-762-0730 • Fax: 410-494-0515

Name		Degree		Sub-Specialty	
Company/Institution			Department		
Address		City		State	ZIP
Office Phone			Email Address		

Physician/Allied Health Registration Fee Includes: Scientific Sessions, Scientific Poster Sessions, Symposia, Continental Breakfasts, Workshops, Breaks, Welcome Dinner, Exhibitor Reception, Gala Dinner Dance.

Spouse/Guest Registration Fee Includes: Spouse/Guest/Child Hospitality Thursday-Saturday, Welcome Dinner, Exhibitor Reception, and Gala Dinner Dance.

Child Registration Fee Includes: Spouse/Guest/Child Hospitality Thursday-Saturday, Welcome Dinner, Kids' Movie Nights on Friday and Saturday.

#	Registrant Category	Fee
	New 2023 SOA Member Physician	\$395
	SOA Member Physician	\$695
	Non Member Physician	\$995
	Non Member Physician Presenter	\$695
	Emeritus Member	\$400
	Active Duty Military	\$200
	Allied Health Professional	\$350
	Resident/Fellow	\$150
	Medical Student	\$150

#	Guest Category	Regular Fee
	Spouse/Guest (18+)	\$225
	Child(ren) 5-17 years	\$35
	Child(ren) under 5 years	No Charge

Please provide the information below for each of your adult guests so we can include their name badges in your registration packet. Registered children (5-17) will receive a wristband.

Spouse/Guest Name _____ City _____ State _____

Guest Name _____ City _____ State _____

Guest Name _____ City _____ State _____

Spouse/Guest Email Address for Meeting Updates

CANCELLATION POLICY: Full refund (less \$50 administrative fee) will be granted if a cancellation is made prior to 10 business days before the meeting date; a 50% refund if canceled between 5 and 10 business days before the meeting date. No refund will be granted within 5 business days of the meeting, or anytime thereafter.

Tour/Activity Ticket Cancellation Policy: Full refund will be granted if a cancellation is made prior to 30 business days before the meeting date. No refund will be guaranteed within 30 business days of the meeting. SOA will attempt to sell unwanted tickets on a first-come, first-served basis. If SOA successfully sells your unwanted ticket, you will receive a full refund of the ticket cost. SOA reserves the right to cancel an activity if the minimum number of participants has not purchased tickets prior to 30 business days before the meeting date.

SPECIAL NEEDS: If you have hearing, vision or mobility impairment and need appropriate accommodations in order to participate fully in this activity, please check here and notify us by July 1, 2023. You will be contacted by the SOA Management Company, DTMS, to discuss your needs.

#	Tours/Activities	Fee
	Junior Golf Clinic at Baytowne Golf Club - Thu 7/27 (\$50)	
	Amazing Race - Thu 7/27 (\$150)	
	Bay Fishing - Fri 7/28 (\$330)	
	Tennis Clinic - Fri 7/28 (\$45)	
	Golf Tournament at the Raven Course - Fri 7/28 (\$175)	
	Masterclass of Wines with Sommelier - Fri 7/28 (\$100)	
	Private Dolphin Cruise & Crab Island - Sat 7/29 (\$141)	
	Pickleball Clinic - Sat 7/29 (\$30)	
	Pickleball Open Play - Sat 7/29 (\$20)	
	Sunday Fellowship & Worship - Sun 7/30 (Free)	

ONLY complete the section below for **unregistered** spouses, guests, and children who wish to attend the events. These events are already included for **registered** spouses, guests and children.

#	Unregistered Guest Events	Fee
	Spouse/Guest/Child Hospitality - Adult (\$40) - Thu	
	Spouse/Guest/Child Hospitality - Child 5-17 (\$20) - Thu	
	Welcome Dinner - Adult (\$100) - Thu	
	Welcome Dinner - Child 5-17 (\$50) - Thu	
	Spouse/Guest/Child Hospitality - Adult (\$40) - Fri	
	Spouse/Guest/Child Hospitality - Child 5-17 (\$20) - Fri	
	Exhibitor Reception - Adult (\$75) - Fri	
	Kids' Movie Night (\$25) - Fri	
	Spouse/Guest/Child Hospitality - Adult (\$40) - Sat	
	Spouse/Guest/Child Hospitality - Child 5-17 (\$20) - Sat	
	Gala Dinner Dance - Adult (\$150) - Sat	
	Kids' Movie Night (\$25) - Sat	
	Gala Dinner Dance - CHILD SURCHARGE (\$75) - Sat	

Dietary Preferences **Physician/Allied Health Registration Fee** \$ _____

Vegetarian **Guest Registration Fees** \$ _____

Gluten-free **Tours/Activities Fees** \$ _____

Unregistered Guest Event Fees \$ _____

TOTAL \$ _____

- Check Enclosed (payable to Southern Orthopaedic Association)
- Charge my: Visa MasterCard American Express

Credit Card Number _____ Expiration Date _____ CVV _____

Name on Card _____

Billing Address _____ City _____ State _____ ZIP _____

- I would like to opt out of receiving promotional emails.
- Do not share my information with third party vendors.