

# Program Registration

Attendees are asked to register for the meeting. One form per registrant. Duplicate form if needed.

(PLEASE PRINT)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse/Guest Name (if attending) \_\_\_\_\_

Children's Names and Ages \_\_\_\_\_

## Registration and Refund Policy

Please check appropriate category. There is no registration fee for members. However, a refundable deposit of \$50.00 is required for member registration. Deposits will be refunded in full when you attend, or upon cancellation prior to May 2, 2003.

<b>No Registration Fee:</b> <input type="checkbox"/> VOS Member <input type="checkbox"/> VOS Member Applicant <input type="checkbox"/> Emeritus Member <input type="checkbox"/> Resident/Fellow
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Non-member Physician — \$150.00       Allied Health — \$100.00    (Make checks payable to VOS)

## Social Events

Friday Dinner Symposium #\_\_\_\_ Adults

Golf at Golden Horseshoe (GoldCourse) #\_\_\_\_ @ \$120.00 (Saturday)

Saturday Dinner #\_\_\_\_ Adults #\_\_\_\_ Children (Sponsored by Stryker Corp., Howmedica Osteonics & Wyeth Pharmaceuticals)

## Payment

Make checks (US currency) payable to: **Virginia Orthopaedic Society (Member deposit is refundable.)**

Credit Card Payment:     VISA     MasterCard

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return this form by May 2, 2003 to: Virginia Orthopaedic Society, P.O. Box 11086, Richmond, VA 23230-1086; (804) 282-0063; Fax (804) 282-0090

Deposit Check Rec'd
Date: _____ Check # _____