

Virginia Orthopaedic Society
61st Annual Meeting • May 2 - 4, 2008 • Wintergreen Resort • Wintergreen, VA
Registration Form

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

Mr. Mrs. Ms. Dr. First Name _____ M.I. _____ Last Name _____

Credentials _____ Specialty _____

Affiliation/Business/Organization _____

Primary Mailing Address Home Work Street _____

City/State/Zip _____

Country _____ Phone _____ Fax _____

Email: _____ Please print clearly for successful email delivery of your confirmation letter

Are you an employee of University of Virginia? Yes No A Resident Physician? Yes No A Fellow? Yes No

Do you require special assistance because of a disability or do you have any dietary restrictions? If so, please describe _____

Your Birth Date (MM/DD/YYYY) _____

Registration Fees

Please check appropriate category below. After April 4, 2008, late fees apply.

	Through 4/4/2008	After 4/4/2008	
<input type="checkbox"/> VOS Member	\$100	\$125	\$ _____
<input type="checkbox"/> VOS Non-Member Eligible*	\$250	\$295	\$ _____
<input type="checkbox"/> Emeritus Member	N/C	N/C	N/C
<input type="checkbox"/> Resident/Fellow.....	N/C	\$25	\$ _____
<input type="checkbox"/> Non-member Physician	\$150	\$200	\$ _____
<input type="checkbox"/> Friday Night Cookout _____ Adults @ \$10 per person _____ Children @ \$5 per person			\$ _____
<input type="checkbox"/> Saturday Night Dinner _____ Adults @ \$20 per person _____ Children @ \$10 per person			\$ _____
 *Full amount will be applied to 2008 dues and complimentary meeting registration will be offered for the first year.		TOTAL	\$ _____

Payment

Make checks (US currency) payable to: **Virginia Orthopaedic Society** Credit Card Payment: VISA MasterCard

Card #: _____ Exp Date: _____

Name on Card: _____ Signature: _____

Refund Policy: 80% refund through 4/4/08; no refund after 4/4/08. Refunds will be determined by date written cancellation is received. All cancellations must be in writing. Contact VOS headquarters with any questions.

Please return this form to:

Virginia Orthopaedic Society • 2209 Dickens Road • Richmond, VA 23230-2005
 Phone: (804) 282-0063 • Fax: (804) 282-0090