

Virginia Orthopaedic Society

67th Annual Meeting • May 2-4, 2014 • Hotel Roanoke • Roanoke, VA

Registration Form

One form per registrant. PLEASE PRINT

First Name _____ M.I. _____ Last Name _____

Credentials (MD, DO, PA, RN, NP, DT) _____ Specialty _____

Affiliation/Business/Organization _____

Primary Mailing Address ☐ Home ☐ Work _____

City/State/Zip _____

Country _____ Office Phone _____ Fax _____

Email ♦ _____

♦Email is required for registration confirmation. Please print clearly for successful email delivery of your confirmation letter.

Are you 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 _____

Registration Fees

Please check appropriate category below. After April 5, 2014, late fees apply.

	Through 4/5/2014	After 4/5/2014	
<input type="checkbox"/> VOS Member	\$100	\$125	\$ _____
<input type="checkbox"/> Member PA, PT, NP	\$50	\$75	\$ _____
<input type="checkbox"/> Practice Manager for a VOS Member	\$50	\$75	\$ _____
<input type="checkbox"/> VOS Non-Member Eligible*	\$300	\$345	\$ _____
<input type="checkbox"/> Emeritus Member	N/C	N/C	\$ N/C
<input type="checkbox"/> Resident <input type="checkbox"/> Fellow	N/C	\$25	\$ _____
<input type="checkbox"/> Non-Member Physician	\$150	\$200	\$ _____
<input type="checkbox"/> Non-Member PA, PT, NP	\$150	\$200	\$ _____
<input type="checkbox"/> Friday Night Reception with Exhibitors	N/C	N/C	\$ N/C
<input type="checkbox"/> Saturday Night Dinner	\$25	\$35	\$ _____
		TOTAL	\$ _____

* Full amount will be applied to 2014 dues and you will receive complimentary meeting registration this year.

Payment

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

Credit Card No. _____ Exp. Date _____ CVV Security Code** _____

Billing Address _____ Billing Zip Code _____

Signature _____ Printed Name on Card _____

**CVV code is the three digit number on the back of VISA, MC or Discover.

Refund Policy: 80% refund through 4/5/14; no refund after 4/5/14. Refunds will be determined when date written cancellation is received. All cancellations must be in writing. Contact the 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

PLEASE NOTE

If you do not receive a confirmation letter from the VOS office within 30 days of submitting your completed registration form and payment information, please call the VOS office at (804) 282-0063 to confirm that your registration material has been received.