

# Virginia Orthopaedic Society

70th Annual Meeting • April 21-23, 2017 • The Boar's Head Inn • Charlottesville, Virginia

## 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 If yes, end date for your program \_\_\_\_\_

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 March 21, 2017, late fees apply.

	Through 3/21/2017	After 3/21/2017	
<input type="checkbox"/> VOS Member	\$200	\$225	\$ _____
<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*	\$400	\$445	\$ _____
<input type="checkbox"/> Emeritus Member	N/C	N/C	\$ N/C
<input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Medical Student	N/C	\$25	\$ _____
<input type="checkbox"/> Non-Member Physician	\$250	\$300	\$ _____
<input type="checkbox"/> Non-Member PA, PT, NP	\$100	\$150	\$ _____
<input type="checkbox"/> Friday Night Reception with Exhibitors	N/C	N/C	\$ N/C
<input type="checkbox"/> Saturday Night Dinner	\$25	\$35	\$ _____

\*A portion of your registration fee will be applied to 2017 dues.

TOTAL \$ \_\_\_\_\_

### Payment

Make checks (US currency) payable to: Virginia Orthopaedic Society

Credit Card Payment:  VISA  MasterCard  Discover  AMEX

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 cards or four-digit number on the front of AMEX cards above the card number.

Refund Policy: 80% refund through 4/1/17; no refund after 4/1/17. Refunds will be determined by the date the 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.