



# Annual Meeting Registration Form

## Southern Orthopaedic Association's 41st Annual Meeting

July 17-20, 2024 • Fontainebleau Miami Beach • Miami 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
	SOA Member Physician	\$795
	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	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, check here and notify us by July 1, 2024. You will be contacted by the SOA Management Company, DTMS, to discuss your needs.

#	Tours/Activities	Fee
	Miami Harbor Cruise with Transportation - Thu 7/18 (\$142)	
	Miami Harbor Cruise - NO Transportation - Thu 7/18 (\$82)	
	Everglades Airboat Expeditions - Fri 7/19 (\$120)	
	Golf Tournament at Miami Beach Course - Fri 7/19 (\$240)	
	Wynwood Food & Art Tour with Transportation - Sat 7/20 (\$155)	
	Wynwood Food & Art Tour - NO Transportation - Sat 7/20 (\$95)	

**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,

#	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 Party & Crafts 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 Party & Crafts Night (\$25) - Sat	
	Gala Dinner Dance - CHILD SURCHARGE (\$75) - Sat	

**Physician/Allied Health Registration Fee** \$ \_\_\_\_\_

**Guest Registration Fees** \$ \_\_\_\_\_

**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.