



# Annual Meeting Registration Form

Southern Orthopaedic Association's 38th Annual Meeting

July 21-24, 2021 • Wild Dunes Resort • Isle of Palms, SC

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, Multimedia Education Sessions, Symposia, Continental Breakfasts, Workshops, Breaks, Welcome Dinner, Exhibitor Reception, Grilling & Games.

**Spouse/Guest Registration Fee Includes:** Spouse/Guest/Child Hospitality Thursday-Saturday, Welcome Dinner, Exhibitor Reception, and Grilling & Games.

**Child Registration Fee Includes:** Spouse/Guest/Child Hospitality Thursday-Saturday, Welcome Dinner, Kids' Movie Night and Grilling & Games.

#	Registrant Category	Fee
	New 2020/2021 SOA Member Physician	\$395
	SOA Member Physician	\$695
	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 \$50.00 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.

#	Tours/Activities (please circle transportation preference)	Fee
	Eco-Boat Tour - ADULT - Thu 7/22 (\$43 with Transportation / \$40 without)	
	Eco-Boat Tour - CHILD - Thu 7/22 (\$30 with Transportation / \$30 without)	
	Adult Golf Clinic - Fri 7/23 (\$50)	
	Children's Golf Clinic - Fri 7/23 (\$40)	
	Golf Tournament - Fri 7/23 (\$120)	
	Tennis Round Robin - Fri 7/23 (\$10)	
	Kayak Tour - ADULT - Sat 7/24 (\$54 with Transportation / \$52 without)	
	Kayak Tour - CHILD - Sat 7/24 (\$42 with Transportation / \$40 without)	
	Scavenger Hunt with Golf Carts - Sat 7/24 (\$45 per person)	

**ONLY** complete the section below for **unregistered** guests and children who wish to attend the events. These events are already included for **registered** guests and children.

#	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 Night (\$25) - Fri	
	Spouse/Guest/Child Hospitality - Adult (\$40) - Sat	
	Spouse/Guest/Child Hospitality - Child 5-17 (\$20) - Sat	
	Grilling & Games - Adult (\$150) - Sat	
	Grilling & Games - Child 5-17 (\$25) - 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