



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 | \$795 |
| | Emeritus Member | \$400 |
| | Active Duty Military | \$200 |
| | Allied Health Professional | \$350 |
| | Fellow | \$150 |
| | Resident | \$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 (\$180 per adult 16+) | |
| | Everglades Airboat Expeditions - Sat 7/19 (\$74 per child 3-15) | |
| | 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, 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 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.