

## **Annual Meeting Registration Form** Eastern Orthopaedic Association's 49th Annual Meeting

October 17-20, 2018 🔅 Omni Amelia Island Plantation 🔅 Amelia Island, FL www.eoa-assn.org 🔆 Phone: 866-362-1409 🔆 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, E-Poster Sessions, Multimedia Sessions, Symposia, Continental Breakfasts, Workshops, Breaks, Welcome Dinner, Exhibitor Reception, and the Jazz Reception & Founders' Dinner.

Spouse/Guest Registration Fee Includes: Spouse/Guest/Child Hospitality on Thursday, Friday and Saturday mornings, Welcome Dinner, Exhibitor Reception, and the Jazz Reception & Founders' Dinner.

Child Registration Fee Includes: Spouse/Guest/Child Hospitality on Thursday, Friday and Saturday mornings, Welcome Dinner, and the Kids' Movie Nights on Friday and Saturday.

Qty	Registrant Category	Fee
	New 2018 EOA Member	No Charge
	EOA Member Physician	\$695
	NJOS Member	\$695
	Moderator/Presenter	\$695
	Non Member Physician	\$995
	Emeritus Member	\$400
	Active Military	\$200
	Allied Health Professional	\$300
	Resident/Fellow	\$150
	Medical Student	\$150

Qty	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 \$35.00 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.

SPECIAL NEEDS: If you have hearing, vision or mobility impairment and need appropriate accommodations in order to participate fully in this activity, please notify the EOA Management Company, DTMS, by October 1, 2018 by phone 866-362-1409 or email info@eoa-assn.org to discuss your needs.

Qty	Tours/Activities	Fee
	Sprouting Project - Thu 10/18 at 10:45 am (\$20)	
	Deep Sea Fishing - Fri 10/19 at 12:15 pm (\$265)	
	Culinary Demo - Fri 10/19 at 12:20 pm (\$69)	
	Golf Tournament - Fri 10/19 at 12:30 pm (\$175)	
	Tennis Round Robin - Fri 10/19 at 2:00 pm (\$30)	
	Beach Yoga - Sat 10/20 at 7:30 am (\$25)	
	Dual Ecology Tour - Sat 10/20 at 1:30 pm (\$124)	

## **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.

Qty	Unregistered Guest Events	Fee
	Spouse/Guest/Child Hospitality - Adult (\$40) Thu	
	Spouse/Guest/Child Hospitality - Child 5-17 (\$20) Thu	
	Welcome Dinner - Adult (\$100)	
	Welcome Dinner - Child 5-17 (\$50)	
	Spouse/Guest/Child Hospitality - Adult (\$40) Fri	
	Spouse/Guest/Child Hospitality - Child 5-17 (\$20) Fri	
	Exhibitor Reception - Adult (\$75)	
	Kids' Movie Night on Friday (\$25)	
	Spouse/Guest/Child Hospitality - Adult (\$40) Sat	
	Spouse/Guest/Child Hospitality - Child 5-17 (\$20) Sat	
	Founders' Dinner - Adult (\$150)	
	Kids' Movie Night on Saturday (\$25)	
	Child Surcharge - Founders' Dinner (\$75)	

Physi	cian/Alli	ed Health Reg	istration Fee \$_	
		Guest Regi	stration Fees <b>\$_</b>	
	Unr	egistered Gue	st Event Fees \$_	
		Tours/A	ctivities Fees \$_	
			TOTAL \$_	
Check Enclose	d (payable	to Eastern Orthopa	aedic Association)	
🛇 Charge my:	🛇 Visa	AasterCard	American Express	5
Credit Card Number			Expiration Date	CVV
Name on Card				
Billing Address		Citv	State	ZIP

**Billing Address** 

State

7IP