



Annual Meeting Registration Form

Eastern Orthopaedic Association's 54th Annual Meeting

October 25-28, 2023 ♦ The Charleston Place ♦ Charleston, SC
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, Symposia, Continental Breakfasts, Workshops, Breaks, Welcome Dinner, Exhibitor Reception, and the Founders' Reception & Dinner.

Spouse/Guest Registration Fee Includes: Spouse/Guest/Child Hospitality on Thursday, Friday and Saturday mornings, Welcome Dinner, Exhibitor Reception, and the Founders' Reception & 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 2023 EOA Member	FREE
	EOA Member Physician	\$875
	DSOS/NCOA/NJOS Member	\$875
	Moderator/Presenter	\$875
	Non Member Physician	\$1,275
	Emeritus Member	\$400
	Active Military	\$200
	Allied Health Professional	\$300
	Resident/Fellow	\$150
	Medical Student	\$150

Qty	Guest Category	Fee
	EOA/DSOS/NCOA/NJOS Member Spouse	No charge
	Addl EOA/DSOS/NCOA/NJOS Guests (18+)	\$225
	Nonmember 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. EOA will attempt to sell unwanted tickets on a first-come, first-served basis. If EOA successfully sells your unwanted ticket, you will receive a full refund of the ticket cost. EOA 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.

Qty	Tours/Activities	Fee
	Walk & Talk Tour of Charleston - Thu 10/26 (\$35)	
	Food Tour - Fri 10/27 (\$93)	
	Golf Tournament - Fri 10/27 (\$250)	
	Fort Sumter Tour - Fri 10/27 (\$32.50)	
	Old Exchange & Provost Dungeon - Sat 10/28 (\$6)	
	Historic Charleston Carriage Tour - Sat 10/28 (\$60)	

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) 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 with Arts & Crafts (\$30) Fri	
	Spouse/Guest/Child Hospitality - Adult (\$40) Sat	
	Spouse/Guest/Child Hospitality - Child 5-17 (\$20) Sat	
	Kids' Movie Night with Arts & Crafts (\$30) Sat	
	Founders' Dinner - Adult (\$150) Sat	
	Founders' Dinner - CHILD SURCHARGE (\$75) Sat	

Physician/Allied Health Registration Fee \$ _____
Guest Registration Fees \$ _____
Unregistered Guest Event Fees \$ _____
Tours/Activities Fees \$ _____
TOTAL \$ _____

♦ Check Enclosed (payable to Eastern Orthopaedic Association)
 ♦ Charge my: ♦ Visa ♦ MasterCard ♦ American Express

Credit Card Number	Expiration Date	CVV
Name on Card		
Billing Address		
Billing City	State	ZIP

♦ I would like to opt out of receiving promotional emails.
 ♦ Do not share my information with third party vendors.