

# PHYSICIAN REGISTRATION

Pennsylvania Orthopaedic Society 2012 Spring Scientific Meeting  
Controversies in Upper Extremity Surgery

EAST vs. WEST

April 20-21, 2012

Fontainebleau Miami Beach, Florida

**Register by March 20th and save \$50.**

**You can also register online at [www.paorthosociety.org](http://www.paorthosociety.org)**

Last Name \_\_\_\_\_ Title (MD/DO) \_\_\_\_\_

First Name (MI) \_\_\_\_\_

Office Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Office Phone/Fax \_\_\_\_\_

Office Contact \_\_\_\_\_

**Registration fee includes** admission to scientific sessions, continental breakfasts, luncheon & refreshment breaks.

	<b>Before March 20</b>	<b>After March 20</b>	<b>Amount Paid</b>
Member	\$550	\$600	\$ _____
Non-Member	\$650	\$700	\$ _____
Resident/Fellow	\$175	\$225	\$ _____
Allied Health Professional	\$125	\$175	\$ _____

**Thursday Welcome Reception, (attendee & one guest)** \_\_\_\_\_  
**@ no charge # attending**

**Thursday Welcome Reception additional guest (@ \$25.00 each)** \$ \_\_\_\_\_  
**# attending** \_\_\_\_\_

Payment Method (Please check appropriate box):      **TOTAL**      \$ \_\_\_\_\_

CHECK enclosed made payable to **POS**

CREDIT CARD: \_\_\_\_\_ AMEX \_\_\_\_\_ VISA \_\_\_\_\_ MC

Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ Card Verification Number \_\_\_\_\_

Signature \_\_\_\_\_

**Please mail this form with payment to:** Susan Sands – Pennsylvania Orthopaedic Society – 510 North Third Street, Floor 3 – Harrisburg, PA 17101-1111  
Phone: 717.909.8901 / Fax: 717.909.8906 / [susan@paorthosociety.org](mailto:susan@paorthosociety.org)

**Cancellation Policy:** There will be a \$50 processing fee for cancellations received before March 20, 2012. Refunds will NOT be granted for cancellations received on or after **March 20, 2012.**