



# Annual Meeting Registration Form

## 2023 Annual Meeting

September 27-29, 2023 • The Landing Hotel • Pittsburgh, PA  
www.paorthosociety.org • Phone: 717-909-8901 • Fax: 410-494-0515  
Mail: 110 West Road, Suite 227, Towson, MD 21204

### CONTACT INFORMATION

Name \_\_\_\_\_ Degree \_\_\_\_\_

Sub-Specialty \_\_\_\_\_

Practice/Institution \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Office Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### REGISTRATION INFORMATION

We are pleased to inform you that the registration fee has been reduced to \$200 for PAOrtho member physicians; \$250 for non-member physicians; \$100 for Advanced Practice Providers/Primary Care due to the generous support of the Appalachian Regional Commission and the Pennsylvania General Assembly for the CME and scientific program portion of our Annual Meeting.

#### PAYMENT

**Registration Fee** \$ \_\_\_\_\_

**Spouse/Guest Activities Fee** \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

- Check Enclosed (payable to Pennsylvania Orthopaedic Society)
- Charge my:  Visa  MasterCard  American Express

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

Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**REGISTRATION CANCELLATION POLICY:** Full refund (less \$50 administrative fee) will be granted if a cancellation is made prior to 30 business days before the meeting date; a 50% refund if canceled 10 business days before the meeting date. No refund will be granted within 10 business days of the meeting.

**SPECIAL NEEDS:** If you have hearing, vision or mobility impairment and need appropriate accommodations in order to participate fully in this activity, please check here and notify us by September 1, 2023. You will be contacted by the PAOrtho Management Company, DTMS, to discuss your needs.

#	Registrant Category
	Member Physician (\$200)
	Non Member Physician (\$250)
	Emeritus Member Physician (Free)
	Primary Care Physician (\$100)
	Advanced Practice Provider (\$100)
	Resident/Fellow (Free)
	Student (Free)
	Spouse/Guest Registration (\$25)

Please provide the information below for your guest so we can include their name badge in your registration packet.

Spouse/Guest Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Spouse/Guest Email Address for Meeting Updates** (optional) \_\_\_\_\_

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