



Annual Meeting Registration Form

2024 Annual Meeting

October 9-11, 2024 • Union League at Liberty Hill • Lafayette Hill, 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

Thanks to the generosity of the Pennsylvania General Assembly, we are able to charge a markedly reduced registration fee of \$200 for PAOrtho members. If you elect to play golf at this exclusive golf course, that will be an additional fee for registrants on a first come, first served basis.

PAYMENT

Registration Fee	\$ _____
Spouse/Guest Activities Fee	\$ _____
Friday, 10/11 Golf Fees	\$ _____
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 15, 2024. You will be contacted by the PAOrtho Management Company, DTMS, to discuss your needs.

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

#	Activities
	Golf on Friday, October 11th (\$270 per person)

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.