CLINICAL ORTHOPAEDIC SOCIETY

101st Annual Meeting

SEPTEMBER 19 - 21, 2013 • BUFFALO NIAGARA, NEW YORK

In Partnership with the NYS Society of Orthopaedic Surgeons, Inc.

Meeting Registration Form

Name ______________________________ Last First MI
❒ MD ❒ PhD ❒ DO ❒ CRNA ❒ Other: ______

Preferred Mailing Address ______________________________

City / State / Zip ______________________ Email Address* ______________________

Office Phone ______________ Home Phone ______________ Fax # ______________

Registration Policy: All attendees including spouse/guest must pay a registration fee to attend any COS event unless otherwise noted below. Badges are required for entrance to scientific sessions and social functions. Registration fees include: Welcome Reception, physician and spouse/guest breakfast and breaks, **plus Live Patient Case Presentations.** Fees help to cover meeting expenses. Please complete all areas on this form. Fees are per person.

*E-Mail required for registration confirmation.

Check all that apply	Through 8/10/13	After 8/10/13	
❒ Clinical Orthopaedic Society/NYSSOS Member	$675	$775	= $________
❒ Certified Athletic Trainer	❒ $150 Daily Rate	❒ $200 Entire Meeting	= $________
❒ Non-Member - US & Canada	$775	$875	= $________
❒ Emeritus	$320	$345	= $________
❒ COS First Year/Applicant Member	$320	$345	= $________
❒ Physician Assistant	$595	$695	= $________
❒ Orthopaedic Resident*	Fee waived	Fee waived	= $________
❒ Templeton Landing (Friday Night Reception) # of guest tickets_______	Guest: $35 each Registrant: Complimentary		= $________
❒ Spouse/Guest(s), Morning Hospitality (includes 3 Breakfasts & President's Reception) # of tickets_______	$75 each	$75 each	= $________

Name:______________________ E-Mail: ______________________

*When accompanied by a letter from department chair, verifying resident status.

TOTAL = $________

How did you hear about this meeting?
❒ Email ❒ Mail Flyer ❒ Journal / Name of Journal: ______________ ❒ Other: ______________

Please Send Payment to:

Clinical Orthopaedic Society, 2209 Dickens Road, Richmond, VA 23230-2005

Credit Card payments may be faxed to 804-282-0090. If paying by check, please make check payable to COS.

❒ Personal Check ❒ VISA ❒ MasterCard ❒ Discover ❒ American Express

Card No.______________________ Exp. Date______________

CVV Security Code______________ *(3-digit # in signature box on the back of VISA, MC, or Discover or 4-digit # on front of AMEX card above the card #.)*

Signature ______________________ Printed Name on Card ______________________

Card Billing Address______________________ Card Billing Zip ______________

Refund Policy: 50% refund through 8/31/13; no refunds after 8/31/13. Refund will be determined by date *written* cancellation is received.

If you do not receive a confirmation letter from the COS within 30 days of submitting your registration, please call the office at 804-565-6366 or email: cos@societyhq.com to confirm that your registration material has been received.