

Special Event Registration Form

South Carolina Orthopaedic Association Annual Meeting Sponsors

Please complete this form and return to the SCOA office.
 South Carolina Orthopaedic Association, 17503 Mallard Ct, Lutz, FL 33559
 Phone: 813-949-3121, Fax: 813-949-8994.
 Email: scoa@cobbmanagement.com.

The SCOA is hosting a series of special events during the 2010 SCOA Annual Meeting. Company representatives are invited and encouraged to participate in all meetings and events that weekend.

Company Name: _____

Names of Attendees for Exhibitor Badges: (Platinum Level exhibitors receive 6 registered attendees. Gold level exhibitors entitled to 4 registered attendees. Silver level exhibitors receive 2 registered attendees. Additional attendees will be required to register at \$200 per person.) **

- 1) _____ 2) _____ 3) _____ 4) _____
 5) _____ 6) _____

List names of any additional attendees: _____

Registrations for Special Events:

Events	Attendee 1	Attendee 2	Attendee 3	Attendee 4	Attendee 5	Attendee 6
Golf - \$275						
Tennis - \$50						
Friday Dinner - Free						
Saturday 5K Run - Free						
Saturday Reception - \$50 per person						

Total Amount Enclosed For All Special Event Registrations: \$ _____
 (Checks made payable to the South Carolina Orthopaedic Association.)

Registration fees will not be refunded for cancellations after July 15th due to hotel commitments.

I hereby authorize the following amount to be charged to my credit card.	
Amount Authorized: _____	Card #: _____ Visa, MC, or Discover
Expiration Date: _____	Security Code or CIN Number: _____
Billing Address (Street, City, State, Zip): _____	
