



# South Carolina Orthopaedic Association South Carolina Association of Orthopaedic Executives

## 2010 Annual Meeting Registration Form

August 5-8, 2010 ♦ The Sanctuary at Kiawah Island ♦ Kiawah Island, SC

Please Note: This form is not intended for use by industry representatives. Representatives interested in attending should contact the SCOA.

Name: \_\_\_\_\_ Preferred Badge First Name \_\_\_\_\_

Spouse/Guest Name: \_\_\_\_\_ Preferred Badge First Name \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Registration fees should be made by check payable to SCOA and include any additional fees found below under Special Registrations. Requests for refunds must be made in writing prior to the conference.**

### Meeting Registration Fees Per Person:

SCOA Member w/Guest	\$100
SCOA Emeritus Member w/Guest	\$100
SCAOE Member w/Guest	No Charge
Non-Member (SCOA & SCAOE)	\$300
Resident w/Spouse/Guest	No Charge

### 4 ways to register for Meeting by July 10:

[www.scoanet.org](http://www.scoanet.org)

FAX form to (813) 949-8994

MAIL to: SCOA, 17503 Mallard Court, Lutz, FL 33559

CALL SCOA at (866) 949-3121

### Special Activity Registrations & Fees

**Family Buffet - Friday, August 6<sup>th</sup> (7-10 pm)** no charge \_\_\_\_\_ # of Adults \_\_\_\_\_ # of Kids  
Beachside Terrace & Lawn

**Reception ~ - Saturday, August 7<sup>th</sup> (7-8:30 pm)** no charge \_\_\_\_\_ # of Guests  
Ocean Course Clubhouse - Adults Only – Reservations required.

**Saturday Evening Baby Sitting** - Organized activities and dinner for kids - 6:30-9:30 pm - \$55 per child  
\_\_\_\_\_ # of children \_\_\_\_\_ Ages of each child

**Golf Tournament - Friday, August 6<sup>th</sup> (1:15-5:30 pm)** \$265 per person– \_\_\_\_\_ # of Golfers  
Reservations MUST be guaranteed & paid by July 10 (\$265 Fee – Includes transport, green & cart fees, box lunch)

**Tennis Tournament – Friday, August 6<sup>th</sup> (1:15 pm)** Free to participate - \_\_\_\_\_ # of players

**OREF 5K Fun Run - Saturday, August 7<sup>th</sup> (6:30 am)** Free to participate \_\_\_\_\_ # of runners

I hereby authorize the following amount to be charged to my credit card.

Amount: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_  
(AMEX, MC, Visa, Discover)

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ (3 numbers on back of Visa/MC, 4 numbers on front of Amex)

May be returned to SCOA via Fax: 813-949-8994

