



# Registration Form for the 2019 SCOA / SCAOE Annual Meeting

## August 1-3, 2019 at The Sanctuary at Kiawah Island, Kiawah Island, SC

Online registration available at <https://www.scoanet.org/>  
 Return to: SCOA , 1215 E Robinson Street, Orlando, FL 32801  
 Fax: 813-949-8994 Email: Lencie@meyerresources.com

Attendee Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Designation (MD, DO, PA, etc.): \_\_\_\_\_ Medical License Number: \_\_\_\_\_

Primary Specialty: \_\_\_\_\_ Secondary Specialty: \_\_\_\_\_

Number of Physicians in Practice: \_\_\_\_\_ Number of Locations: \_\_\_\_\_

Practice Type - please circle: Private    Multi Specialty    University Affiliated    Hospital Based/Owned    Solo    Clinical/Research

### Participant Classification & Meeting Fees: Please Circle one

Current SCOA / Emeritus Member \$300	Current SCAOE Member \$ Free ** <small>Does not include Friday Dinner tickets</small>	Physician Non member \$ 850	Administrator Non member \$350	Allied Medical Professional (PA, NP, RN ) \$450	Medical Student Free before July 1 <sup>st</sup> After July 1 <sup>st</sup> \$100	Fellow / Residency Program Free before July 1 <sup>st</sup> After July 1 <sup>st</sup> \$100
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Guest Name : \_\_\_\_\_ No. of Children: \_\_\_\_\_ Ages : \_\_\_\_\_

Dietary Restrictions ((Vegetarian / vegan/allergies etc.) : \_\_\_\_\_

### Special Event Registration: Please let us know if you plan to attend the below events so we can ensure we have the correct headcounts.

<b>8/1 - Thursday Night Reception (6:00-7:30pm)</b>	_____ # Adults attending	_____ # of Children under 12yrs	<u>No Charge</u>
<b>8/2 - Friday Spouse Breakfast: (8 – 10am) - reservations are required –</b>	_____ # of Adults	_____ # of Children	<u>No Charge</u>
<b>8/2 - Friday Family Buffet: (7:00-10 pm)</b> ** first 2 adults are 2 kids free - with the exception of the SCAOE Members who must purchase tickets as below. additional adults (+21yrs) will be charged - \$100 per person, Children under 10yrs - \$25per person & over 10yrs - \$50 per person	_____ # of Adults	_____ # of Children Under 10 yrs	\$ _____
<b>8/3 Saturday Reception: Adults Only (7:00-8:30 pm on the Grand Lawns)</b>	_____ # of Adults		<u>No Charge</u>
<b>8/3 Saturday Evening Kids Camp /Baby Sitting:</b> Organized activities and dinner for kids - 6:30-9:30 pm \$90 per child	_____ # of children	_____ Ages of each child	\$ _____
<b>Golf Tournament; Reservations MUST be guaranteed &amp; paid by July 25 (Fee – Includes transport, green &amp; cart fees, box lunch)</b>			
<b>Turtle Point : Friday, August 2nd (1:30-5:30 pm) \$205 p/p</b>	_____ # of Golfers	Names: _____	
<b>Ocean Course: Friday, August 2nd (1:30-5:30 pm) \$315 p/p</b>	_____ # of Golfers	Names: _____	\$ _____
<b>Tennis Tournament: Friday, August 2nd (1:30 pm) Free to participate</b>	_____ # of players:	Names: _____	<u>No Charge</u>
<b>OREF 5K Fun Run: Saturday, August 3rd (6:30 am) Free to participate</b>	_____ # of runners		<u>No Charge</u>
Total Amount Enclosed for Meeting Registration Fees & Special Events: \$ _____			
Please make Checks payable to "South Carolina Orthopedic Association "			

\*\* Please note that a \$50 surcharge will apply to all registrations received after June 19, 2019

\*\*\* Any cancellations after May 1, 2019 will incur a \$50 cancellation fee.

Payment Information: I authorize the following amount to be charged to my credit card. (Amex, Visa, MC)

Amount Authorized: \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name on card: \_\_\_\_\_

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

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