



# 2024 SCOA Annual Meeting

## August 1-3, 2024 at The Sanctuary, Kiawah Island, SC

Online registration available at [scoanet.org/conference](http://scoanet.org/conference)

Email: [lencie@cobbmanagement.com](mailto:lencie@cobbmanagement.com)

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

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

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

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

Cell Number (Note: If providing cell number, you are agreeing to receive text updates): \_\_\_\_\_

Attendee 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

SCOA Current & Emeritus Member  \$350	Non-member Physician  \$900	Non-Member Allied Health Professionals:  \$500	Administrators:  \$200	Medical Student Free before July 1st \$100 beginning July 1st	Candidate or Fellow Free before July 1st \$100 beginning July 1st
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Spouse/Guest Name (If Attending): \_\_\_\_\_

Children's Names (If Attending): \_\_\_\_\_ Children's 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.*

#### Included in your registration:

##### **Aug 1 – Thursday Welcome Reception:**

\_\_\_\_\_ # Adults 21+ attending    \_\_\_\_\_ # of Children 12 yrs and younger    \_\_\_\_\_ # of Children 12-20 yrs

**Aug 2- Friday Yoyalates:** Yoyalates is a combination of Pilates poses developing core strength and stabilization, and a series of yoga poses to improve flexibility and structure. This event on August 2nd at 8:00 am is free for spouses and guests of meeting attendees.

\_\_\_\_\_ # Adults 21+ attending    \_\_\_\_\_ # of Children 12 yrs and younger    \_\_\_\_\_ # of Children 12-20 yrs

Please provide names of those planning to attend Yoyalates: \_\_\_\_\_

**Aug 2 - Friday Family Dinner:** The following event is free for the first 2 adults and first 2 kids. Additional adults (21+) will be charged \$130 per person. Additional children 10 years or younger will be charged \$35 per person and additional children over 10 years will be charged \$80 per person. Please indicate the total number of people in your group that will attend.

\_\_\_\_\_ # of Adults    \_\_\_\_\_ # of Children 10 yrs and Under    \_\_\_\_\_ # of Children 11 yrs and older

\$ \_\_\_\_\_

##### **Aug 3- Saturday Morning Fun Run:**

\_\_\_\_\_ # Adults 21+ attending    \_\_\_\_\_ # of Children 12 yrs and younger    \_\_\_\_\_ # of Children 12-20 yrs

##### **Aug 3- Saturday Sunset Reception:**

\_\_\_\_\_ # Adults 21+ attending    \_\_\_\_\_ # of Children 12 yrs and younger    \_\_\_\_\_ # of Children 12-20 yrs

**Additional Registration**

**GOLF-** Golf The Ocean Course at Kiawah Island on Friday, August 2nd, starting at approximately 12:30 pm. Cost: \$490 per person. Fee includes transport, green & cart fees, and a boxed lunch.

\_\_\_\_ # of Golfers (up to 4) Names: \_\_\_\_\_ \$ \_\_\_\_\_

**TENNIS-** Organized tennis will take place on Friday, August 2nd, starting at approximately 1:30 pm. Boxed lunches will be provided for players. Cost: \$50 per person.

\_\_\_\_ # of players (up to 4) Names: \_\_\_\_\_ \$ \_\_\_\_\_

Total Amount for Meeting Registration Fees & Special Events: \$ \_\_\_\_\_

**Please note: A \$50 surcharge will apply to all registrations effective July 30, 2024.**

**Any cancellations after July 3, 2024, 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: \_\_\_\_\_

\_\_\_\_\_