

**Georgia Orthopaedic Society 2010 Annual Meeting Registration Form**

**October 14-17, 2010**

**Ritz Carlton, 4750 Amelia Island Pkwy, Amelia Island, FL 32034**

**DEADLINE FOR RITZ CARLTON BLOCK OF ROOMS: SEPTEMBER 14, 2010**

**DEADLINE FOR MEETING PRE-REGISTRATION: SEPTEMBER 20, 2010**

Please send completed meeting registration form and check to:

**Georgia Orthopaedic Society, 131 Holly Springs Drive, Peachtree City, Georgia 30269.**

Phone: 478-474-2754. Fax: 678-669-2754. Email: [linearygos@gmail.com](mailto:linearygos@gmail.com)

**Register Directly Online at [www.georgiaorthosociety.com](http://www.georgiaorthosociety.com)**

NAME: \_\_\_\_\_

(Please list as you would prefer your name badge to read.)

Spouse/Guest Name \_\_\_\_\_

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

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**REGISTRATION CATEGORY (check only one):**

\_\_\_\_\_ GOS Member      \_\_\_\_\_ Resident Member      \_\_\_\_\_ GOS Candidate for Membership  
\_\_\_\_\_ Guest      \_\_\_\_\_ Resident Guest      \_\_\_\_\_ Allied Medical Professional (PA, NP, RN)

**ACCOMMODATIONS:**

\_\_\_\_\_ THE RITZ CARLTON      \_\_\_\_\_ OTHER

Reservations should be made directly with the Ritz Carlton at 1-800-241-3333. Please ask for the GOS block of rooms at the rate of \$279 per night.

**SOCIAL EVENTS REGISTRATION:**

**Thursday, October 14<sup>th</sup>, 6:30pm**

**Cocktail Reception**

YES \_\_\_\_\_

# Attending \_\_\_\_\_

N/C

**Friday, October 15<sup>th</sup>, 7:00pm**

**Dinner Dance Banquet**

YES \_\_\_\_\_

# attending \_\_\_\_\_

\$125 per person

**Saturday, October 16<sup>th</sup>, 6:00pm**

**Cocktail Party**

YES \_\_\_\_\_

# Attending \_\_\_\_\_

N/C

\_\_\_\_\_ **NO, I will not be attending the Social Events**

Children are welcome to attend the Thursday and Saturday evening events. Sports, Spouse Breakfast, and other social events registration will be mailed separately.

<b>Meeting Fees</b>	<b># Attending</b>
Registration Fee for GOS Members - \$250	_____
Registration Fee for Non-Members - \$350	_____
Registration Fee for Allied Professionals - \$175	_____
Registration Fee for Residents, Spouses, Exhibitors - No Charge	_____
Friday Dinner Dance Banquet - \$125	_____
Late Fee - \$25 (For registrations rec'd after Sept 21st)	_____
<b>Total Amount Enclosed - \$</b>	<b>_____</b>

*Checks should be made payable to the Georgia Orthopaedic Society*

**Payment Information:** I authorize the following amount to be charged to my credit card: (Visa/MC/AMEX)

Name on Card \_\_\_\_\_

Billing Address w/ Zip Code \_\_\_\_\_

Card Number \_\_\_\_\_ AVS(3 digit # on back) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Please Note: An additional \$15 will be charged to your card to cover fees.

*Cancellation Policy: Refunds will not be granted for cancellations received after October 6, 2010.*