



WOA's 82nd Annual Meeting Registration



August 1-4, 2018 • Westin Snowmass Resort • Snowmass, CO

MAIL: Western Orthopaedic Association, 110 West Rd, Suite 227, Towson, MD 21204

PHONE: 866-962-1388 • FAX: 410-494-0515 • WEB: www.woa-assn.org

Name _____ Degree _____ Sub-Specialty _____

Company/Institution _____ Department _____

Address _____ City _____ State _____ ZIP _____

Office Phone _____ Email Address _____

Physician/Allied Health Registration Fee Includes: Scientific Sessions, E-Poster Sessions, Multimedia Sessions, Symposia, Continental Breakfasts, Workshops, Breaks, Welcome Dinner, Exhibitor Reception, and Family Denim & Diamonds Dinner Dance.

Spouse/Guest Registration Fee Includes: Guest/Child Hospitality on Thursday, Friday and Saturday mornings, Yoga on Thursday and Friday mornings, Welcome Dinner, Exhibitor Reception, and Family Denim & Diamonds Dinner Dance.

Child Registration Fee Includes: Guest/Child Hospitality on Thursday, Friday and Saturday mornings, Welcome Dinner, Kids' Movie Night with Arts & Crafts and Dinner, and Family Denim & Diamonds Dinner Dance.

#	REGISTRANT CATEGORY	FEE
	New 2018 WOA Member	No Charge
	WOA Member Physician	\$695
	Non Member Physician	\$995
	Non Member Moderator/Presenter	\$695
	Senior Active Member	\$400
	Active Duty Military Physician	\$200
	Allied Health Professional Member	\$150
	Allied Health Professional Non Member	\$300
	Resident/Fellow	\$150
	Medical Student	\$150
	Spouse/Guest (18+)	\$225
	Child(ren) 5-17 years	\$35
	Child(ren) under 5 years	No Charge

ONLY unregistered spouses, guests, and children who wish to attend events should fill out this form.

These events are included for registered spouses, guests and children.

#	TOURS/ACTIVITIES	FEE
	Biking Tour - (\$115 per Adult 13 years+) - Thurs	
	Biking Tour - (\$105 per Child 7-12) - Thurs	
	Biking Tour - (\$39 per Child under 7) - Thurs	
	Jeep Tour - (\$105 per Adult 13 years+) - Thurs	
	Jeep Tour - (\$95 per Child 8-12) - Thurs	
	Fly Fishing - (\$290 per Person) - Fri	
	Golf Tournament - (\$165 per Person) - Fri	
	Hiking with Guide - (\$99 per Adult 13 years+) - Fri	
	Hiking with Guide - (\$89 per Child 8-12) - Fri	
	Anderson Ranch Arts Center - (\$20 per Person) - Sat	
	Whitewater Rafting - (\$118 per Adult 13 years+) - Sat	
	Whitewater Rafting - (\$108 per Child 6-12) - Sat	
	Fly Fishing - (\$290 per Person) - Sat	
	Get to Know Aspen Tour - (\$110 per Person) - Sat	

#	UNREGISTERED GUEST EVENTS	FEE
	Thursday Guest/Child Hospitality - Adult (\$40)	
	Thursday Guest/Child Hospitality - Child 5-17 (\$20)	
	Welcome Dinner at the Rodeo - Adult (\$100)	
	Welcome Dinner at the Rodeo - Child 5-17 (\$50)	
	Friday Guest/Child Hospitality - Adult (\$40)	
	Friday Guest/Child Hospitality - Child 5-17 (\$20)	
	Kids' Movie Night with Arts & Crafts - (\$25) Fri	
	Exhibitor Reception - Adult (\$75)	
	Saturday Guest/Child Hospitality - Adult (\$40)	
	Saturday Guest/Child Hospitality - Child 5-17 (\$20)	
	Family Denim & Diamonds Dinner Dance - Adult (\$150)	
	Family Denim & Diamonds Dinner Dance - Child 5-17 (\$50)	

Please provide the information below for each of your adult guests so we can put their name badges in your registration packet. Registered children (5-17) will receive a wristband.

Guest Name _____ City _____ State _____

Guest Name _____ City _____ State _____

Guest Name _____ City _____ State _____

Guest Name _____ City _____ State _____

Physician/Allied Health Registration Fee \$ _____

Guest Registration Fees \$ _____

Tours/Activities Fees \$ _____

TOTAL \$ _____

- ◇ Check Enclosed (payable to Western Orthopaedic Association)
- ◇ Charge my: ◇ Visa ◇ MasterCard ◇ American Express

CANCELLATION POLICY: Full refund (less \$35.00 administrative fee) will be granted if a cancellation is made prior to 10 business days before the meeting date; a 50% refund if canceled between 5 and 10 business days before the meeting date. No refund will be granted within 5 business days of the meeting, or anytime thereafter.

◇ **SPECIAL NEEDS:** If you have hearing, vision or mobility impairment and need appropriate accommodations in order to participate fully in this activity, please check here and notify us by July 15, 2018. You will be contacted by the WOA Management Company, DTMS, to discuss your needs.

CARD NUMBER _____ EXP. DATE _____ CVV _____

NAME ON CARD _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____