



# WOA's 83rd Annual Meeting Registration

July 31 - August 3, 2019 • Hyatt Regency Monterey • Monterey, CA  
 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/Institute	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 Gala Dinner.

**Spouse/Guest Registration Fee Includes:** Guest/Child Hospitality on Thursday, Friday and Saturday mornings, Yoga on Thursday, Friday and Saturday mornings, Welcome Dinner, Exhibitor Reception, and Family Gala Dinner.

**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 Gala Dinner.

#	REGISTRANT CATEGORY	FEE
	New 2019 WOA Member	No Charge
	WOA Member Physician	\$695
	Non Member Physician	\$1095
	Non Member Moderator/Presenter	\$695
	Senior Active Member	\$400
	Active Duty Military Physician	\$200
	Allied Health Professional Member	\$200
	Allied Health Professional Non Member	\$500
	Resident/Fellow	\$200
	Medical Student	\$200
	Member Spouse/Guest (18+)	\$225
	Non Member Spouse/Guest (18+)	\$325
	Resident/Fellow/Student Spouse/Guest (18+)	\$125
	Child(ren) 5-17 years	\$35
	Child(ren) under 5 years	No Charge

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

**CANCELLATION POLICY:** Full refund (less \$50.00 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 1, 2019. You will be contacted by the WOA Management Company, DTMS, to discuss your needs.

**Tour/Activity Ticket Cancellation Policy:** Full refund will be granted if a cancellation is made prior to 30 business days before the meeting date. No refund will be guaranteed within 30 business days of the meeting. WOA will attempt to sell unwanted tickets on a first-come, first-served basis. If WOA successfully sells your unwanted ticket, you will receive a full refund of the ticket cost. WOA reserves the right to cancel an activity if the minimum number of participants has not purchased tickets prior to 30 business days before the meeting date.

#	TOURS/ACTIVITIES	FEE
	Point Lobos Guided Walk - (\$95 per person) - Thursday	
	Carmel Food Tour - (\$178 per person) - Friday	
	Golf Tournament - (\$144 per person) - Friday	
	Tennis Round Robin - (\$15 per person) - Friday	
	Behind the Scenes Aquarium Tour - (\$15 per person) - Friday	
	Movie Tour - (\$65 per person) - Saturday	

ONLY **unregistered** guests, and children who wish to attend events should fill out the Events form below. These events are **included** for registered guests and children.

#	UNREGISTERED GUEST EVENTS	FEE
	Thursday Guest/Child Hospitality - Adult (\$40)	
	Thursday Guest/Child Hospitality - Child 5-17 (\$20)	
	Welcome Dinner at the Aquarium - Adult (\$100)	
	Welcome Dinner at the Aquarium - 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 Gala Dinner - Adult (\$150)	
	Family Gala Dinner - Child 5-17 (\$50)	

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

CARD NUMBER	EXP. DATE	CVV
NAME ON CARD		
BILLING ADDRESS		
CITY	STATE	ZIP CODE