



# WOA's 84th Annual Meeting Registration

August 5-8, 2020 • Grand Wailea • Maui, HI

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 Code
Office Phone	Email Address		

**Physician/Allied Health Registration Fee Includes:** Scientific Sessions, Poster Sessions, Multimedia Sessions, Symposia, Continental Breakfasts, Workshops, Breaks, Welcome Dinner, Exhibitor Reception, and Family Luau.

**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 Luau.

**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 Luau.

**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.

#	REGISTRANT CATEGORY	FEE
	New 2020 WOA Physician Member	\$385
	WOA Member Physician	\$770
	Non Member Physician	\$1170
	Non Member Moderator/Presenter	\$770
	Senior Active Member	\$475
	Active Duty Military Physician	\$275
	Allied Health Professional Member	\$225
	Allied Health Professional Non Member	\$575
	Resident/Fellow	\$225
	Medical Student	\$225
	Member Spouse/Guest (18+)	\$275
	Non Member Spouse/Guest (18+)	\$375
	Resident/Fellow/Student Spouse/Guest (18+)	\$150
	Child(ren) 5-17 years	\$35
	Child(ren) under 5 years	No Charge

#	TOURS/ACTIVITIES	FEE
	Guided Art Tour - (\$20 per person) - Thursday	
	Fishing - (\$205 per person) - Friday	
	Golf Tournament - (\$150 per person) - Friday	
	Sailing/Snorkel Tour - (\$150 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 - Adult (\$100)	
	Welcome Dinner - 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 Luau - Adult (\$150)	
	Family Luau - 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 \$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 notify us by July 1, 2020. 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