



WOA's 87th Annual Meeting Registration

August 2-5, 2023 • Coeur d'Alene Resort • Coeur d'Alene, ID

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, Symposia, Continental Breakfasts, Workshops, Breaks, Welcome Dinner, Exhibitor Reception, and the Family Gala Dinner Dance.

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 the Family Gala 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 on Friday night, and the Family Gala Dinner Dance.

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-serve basis. If WOA 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 2023 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
	Yoga - (Complimentary) - Thursday	
	Glass Art Making Class - (\$49 per person) - Thursday	
	Scenic Lake Cruise - Adult (18+) (\$28.75 per person) - Thursday	
	Scenic Lake Cruise - Senior (55+) (\$26.75 per person) - Thursday	
	Scenic Lake Cruise - Child (6-17) (\$20.75 per child) - Thursday	
	Scenic Lake Cruise - Child (5 & under) (Free) - Thursday	
	Yoga - (Complimentary) - Saturday	
	Master Class of NW Wines - (\$100 per person) - Friday	
	Golf Tournament - (\$230 per person) - Friday	
	Pickleball Clinic - (\$30 per person) - Friday	
	Pickleball Open Play - (\$30 per person) - Friday	
	Yoga - (Complimentary) - Saturday	
	Silverwood Theme Park - Adult (8+) (\$139 per person) - Saturday	
	Silverwood Theme Park - Child (3-7) (\$109 per child) - Saturday	
	Guided Lake Fishing - (\$249 per person) - Saturday	
	Winery/Brewery Walking Tour - (\$75 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) - Friday	
	Exhibitor Reception - Adult (\$75)	
	Saturday Guest/Child Hospitality - Adult (\$40)	
	Saturday Guest/Child Hospitality - Child 5-17 (\$20)	
	Family Gala Dinner Dance - Adult (\$150)	
	Family Gala 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

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, 2023. You will be contacted by the WOA Management Company, DTMS, to discuss your needs.

- I would like to opt out of receiving promotional emails.
 Do not share my information with third party vendors.

Dietary Preferences

Vegetarian

Gluten-free

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