



WOA's 88th Annual Meeting Registration

August 7-10, 2024 • Hyatt Regency Huntington Beach • Huntington Beach, 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 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 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 and Saturday nights.

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 2024 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
	Fellow	\$225
	Resident	\$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 on the Beach - (Complimentary) - Thursday	
	Mission San Juan Capistrano/Los Rios - (\$75 per person) - Thursday	
	Yoga on the Beach - (Complimentary) - Friday	
	Outrigger Canoe with Transportation - (\$75 per person) - Friday	
	Outrigger Canoe NO Transportation - (\$30 per person) - Friday	
	Golf Tournament - (\$245 per person) - Friday	
	Yoga on the Beach - (Complimentary) - Saturday	
	Surf Lessons with Rocky McKinnon - (\$115 per person) - Saturday	
	Duffy Boat Ride with Transportation - (\$95 per person) - Saturday	
	Duffy Boat Ride NO Transportation - (\$50 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)	
	Gala Dinner Dance - Adult (\$150)	
	Kids' Movie Night with Arts & Crafts - (\$25) - Saturday	
	Gala Dinner Dance - Child SURCHARGE - Child 5-17 (\$75)	

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 \$ _____

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 15, 2024. 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.

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

CARD NUMBER _____ EXP. DATE _____ CVC _____

NAME ON CARD _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____