



# Virginia Orthopaedic Society

76th Annual Meeting • April 28-30, 2023

The Homestead Resort • Hot Springs, VA

## Registration Form

One form per registrant. PLEASE PRINT

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Credentials (MD, DO, PA, RN, NP, AT) \_\_\_\_\_ Specialty \_\_\_\_\_

Affiliation/Business/Organization \_\_\_\_\_

Primary Mailing Address  Home  Work \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Country \_\_\_\_\_ Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email ♦ \_\_\_\_\_

♦Email is required for registration confirmation. Please print clearly for successful email delivery of your confirmation letter.

Are you a Resident Physician?  Yes  No A Fellow?  Yes  No If yes, end date for your program \_\_\_\_\_

Do you require special assistance because of a disability or do you have any dietary restrictions? If so, please describe \_\_\_\_\_

### Registration Fees

Please check appropriate category below.

	Through 3/23/2023	After 3/23/2023	
<input type="checkbox"/> VOS Member	\$250	\$300	\$ _____
<input type="checkbox"/> Member PA, PT, NP, AT, Researcher	\$50	\$75	\$ _____
<input type="checkbox"/> Practice Manager for a VOS Member	\$50	\$75	\$ _____
<input type="checkbox"/> VOS Non-Member Eligible*	\$400	\$450	\$ _____
<input type="checkbox"/> Emeritus Member	\$25	\$50	\$ _____
<input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Medical Student	N/C	\$25	\$ _____
<input type="checkbox"/> Non-Member Physician	\$300	\$350	\$ _____
<input type="checkbox"/> Non-Member PA, PT, NP, AT, Researcher	\$100	\$150	\$ _____
<input type="checkbox"/> Active Military Physician	\$200	\$225	\$ _____

\*A portion of your registration fee will be applied to 2023 dues.

TOTAL \$ \_\_\_\_\_

### By submitting this registration, I affirm I have read and agree to the following terms:

• **COVID-19 RELEASE & HOLD HARMLESS AGREEMENT:** By registering and attending a Virginia Orthopaedic Society (VOS) event/meeting you acknowledge that there is an unknown risk of exposure to COVID-19 through exposure to contaminated objects, as well as through personal contact. Such exposure carries with it a certain degree of risk that could result in illness, disability or death. You agree to release and hold harmless VOS, its employees, officers, and vendors from and against all claims of damages and liability resulting from exposure to COVID-19. Registrants/Attendees also warrant they are abiding by their state/locality laws regarding COVID-19 restrictions. Initial \_\_\_\_\_

• **CROWD RELEASE:** By registering and attending a Virginia Orthopaedic Society (VOS) event/meeting you grant VOS full rights in perpetuity to use the images resulting from the photography/video filming taken at the event/meeting, and any reproductions or adaptations of the images for publicity or other purposes to help achieve VOS's mission. This might include (but is not limited to), the right to use them in VOS's printed publications and in online publicity, social media, and live streaming.

I agree. YES initial \_\_\_\_\_ NO initial \_\_\_\_\_

## Payment

Make checks (US currency) payable to: Virginia Orthopaedic Society

Credit Card Payment:  VISA  MasterCard  Discover  AMEX

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Security Code\*\* \_\_\_\_\_

Billing Address \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name on Card \_\_\_\_\_

*\*\*CVV code is the three-digit number on the back of VISA, MC or Discover cards or four-digit number on the front of AMEX cards above the card number.*

Refund Policy: 80% refund through 3/23/23; no refund after 3/23/23. Refunds will be determined by the date the written cancellation is received. All cancellations must be in writing. Contact the VOS headquarters with any questions.

**Please return this form to:**

**Virginia Orthopaedic Society**

2209 Dickens Road

Richmond, VA 23230-2005

Phone: (804) 282-0063 • Fax: (804) 282-0090

### PLEASE NOTE

*If you do not receive a confirmation letter from the VOS office within 30 days of submitting your completed registration form and payment information, please call the VOS office at (804) 282-0063 to confirm that your registration material has been received.*