



Virginia Orthopaedic Society

79th Annual Meeting • May 1-3, 2026

The Hotel Roanoke • Roanoke, 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 4/1/2026	After 4/1/2026	
☐ VOS Member	\$250	\$300	\$ _____
☐ Member PA, PT, NP, AT, Researcher	\$50	\$75	\$ _____
☐ VOS Non-Member Eligible	\$400	\$450	\$ _____
☐ Emeritus Member	\$25	\$50	\$ _____
☐ Resident ☐ Fellow ☐ Medical Student	N/C	\$25	\$ _____
☐ Non-Member Physician	\$300	\$350	\$ _____
☐ Non-Member PA, PT, NP, AT, Researcher	\$100	\$150	\$ _____
☐ Active Military Physician	\$200	\$225	\$ _____
			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 4/1/2026; no refund after 4/1/2026. 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.