

SOMOS 52nd Annual Meeting Registration

Vail Marriott Mountain Resort Vail, CO December 13-17, 2010

MAIL: Society of Military Orthopaedic Surgeons, 110 West Rd, Suite 227, Towson, MD 21204

PHONE: 866-494-1778 **FAX:** 410-494-0515 **WEB:** www.somos.org

Name		Degree	Specialty	
Address		City	State	ZIP
Office Phone	Home Phone	Fax	Date of Birth	Gender
Email Address		Name of Spouse/Guests, if attending		

REGISTRATION FEES

Physician Registration Fee Includes:

Scientific Sessions, Poster Presentations, Welcome Reception, Broomball Spectator Event, Awards Dinner, Breakfast and Breaks December 14 - 17, 2010

Spouse/Guest/Child Registration Fee Includes:

Welcome Reception, Broomball Spectator Event, Breakfast December 14-17, 2010

NO	REGISTRANT CATEGORY	PRICE
	SOMOS Member	\$395.00
	Non Member	\$595.00
	Resident / Fellow Member	\$200.00
	Invited Civilian Guest Moderator	\$0
	Spouse/Guest/Child over 18	\$150.00
	Children ages 5-17	\$75.00
	Children under 5	\$0

ADDITIONAL ACTIVITIES

ACTIVITY	PRICE	NO ATTEND	TOTAL
Combat Extremity Surgery Course - Active Military	\$0.00		
Combat Extremity Surgery Course - Non Active Military - CME	\$200.00		
Welcome / Exhibitor Reception - Unregistered Guest - Monday Night, December 13th	\$85.00		
Broom Ball Tournament - Participant Tuesday Evening, December 14th	\$15.00		
Snow Tubing Competition Wednesday Night, December 15th	\$15.00		
NASTAR Racing Event - Participant Thursday Afternoon, December 16th	\$15.00		
Awards Dinner- Registered Guest Thursday Evening, December 16th	\$50.00		
Awards Dinner- Child Thursday Evening, December 16th	\$25.00		
Awards Dinner- Unregistered Guest Thursday Evening, December 16th	\$100.00		

CANCELLATION POLICY: Full refund (less \$50.00 administrative fee) will be granted if a cancellation is made prior to 30 business days before the meeting date; a 50% refund if canceled 10 business days before the meeting date. No refund will be granted within 10 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 check here and notify us by November 30, 2009. You will be contacted by the SOMOS Management Company, DTMS, to discuss your needs.

Registration Fees \$ _____

Activities Cost \$ _____

TOTAL DUE \$ _____

PAYMENT METHOD

Check Enclosed (payable to Society of Military Orthopaedic Surgeons) Charge my: Visa MasterCard American Express

CARD NO. _____ EXP. DATE _____

SIGNATURE _____