

# SOMOS 51st Annual Meeting Registration

Hilton Hawaiian Village Honolulu, Hawaii December 14-19, 2009

**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, Aloha Welcome Reception, Hawaiian Luau, Breakfast and Breaks December 15 - 18, 2009

**Spouse/Guest/Child Registration Fee Includes:** Aloha Welcome Reception, Hawaiian Luau, Breakfast December 15-18, 2009

NO	REGISTRANT CATEGORY	PRICE
	SOMOS Member	\$355.00
	Non Member	\$475.00
	Resident / Fellow Member	\$185.00
	Resident / Fellow Non Member	\$260.00
	Allied Health Professional	\$185.00
	Invited Civilian Guest Speaker	\$0
	Spouse/Guest/Child over 18	\$125.00
	Children ages 5-17	\$75.00
	Children under 5	\$0

## ADDITIONAL ACTIVITIES

ACTIVITY	PRICE	NO ATTEND	TOTAL
Combat Extremity Surgery Course - Active Military	\$ 0		
Combat Extremity Surgery Course - Non Active Military - CME	\$ 200.00		
Aloha Welcome / Exhibitor Reception - Unregistered Guest - Monday Night, December 14th	\$45.00		
Lagoon Relay Competition - Tuesday Afternoon, December 15th	\$15.00		
Hawaiian Luau- Unregistered guest Tuesday Night, December 15th	\$75.00		
USUHS Reunion Cruise - Wednesday Night, December 16th	\$40.00		
Golf Tournament - Thursday Afternoon, December 17th	\$110.00		
5k Run or Biathlon- Friday Morning, December 18th	\$Free		
Awards Reception - Friday Evening, December 18th	\$35.00		

**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 \_\_\_\_\_