

SOMOS 64th Annual Meeting Registration

Fairmont Princess - Scottsdale, AZ | December 12-16, 2022



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	Current Military Rank
Address		
City	State	ZIP
Email Address	Phone	
Name of Spouse/Guests, if attending		

REGISTRATION FEES

Registration Fee includes:

Scientific sessions, poster presentations, symposia, two dinners (Welcome Reception and Awards Dinner), educational lunch workshops, and breakfast and breaks Dec. 13-16, 2022

Spouse/Guest/Child Registration Fee includes:

Welcome Reception, Awards Dinner, and breakfast Dec. 13-16, 2022

QTY	REGISTRANT CATEGORY	PRICE
	SOMOS Member	\$395
	Non Member	\$695
	Resident / Fellow Member	\$200
	Medical Student	\$200
	Allied Health Professional Member	\$200
	Allied Health Professional	\$295
	Invited Civilian Guest Moderator	\$0
	Spouse / Guest / Child over 18	\$185
	Child(ren) ages 5-17	\$50
	Child(ren) under 5	\$0

Event Tickets for Unregistered Guests

(Registered participants, guests and children **do not** need to buy tickets for the events below. They are included in your registration fee.)

EVENT	PRICE	QTY	TOTAL
Welcome / Exhibitor Reception - Unregistered Guest Monday Evening, December 12th	\$60		
Welcome / Exhibitor Reception - Unregistered Child Monday Evening, December 12th	\$25		
Awards Dinner - Unregistered Guest Thursday Evening, December 15th	\$85		
Awards Dinner - Unregistered Child (5-17 yrs) Thursday Evening, December 15th	\$25		

Registration Fees \$ _____

Unregistered Guest Event Ticket Fees \$ _____

TOTAL DUE \$ _____

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.

PAYMENT

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

- I would like to opt out of receiving promotional emails.
 Do not share my information with third party vendors.

CARD NO. _____ EXP. DATE _____ CVV _____

SIGNATURE _____

PRINTED NAME ON CARD _____

BILLING ADDRESS _____

BILLING CITY _____ BILLING STATE _____ BILLING ZIP _____