

SOMOS 65th Annual Meeting Registration

The Hythe - Vail, CO | December 4-8, 2023



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. 4-8, 2023

Spouse/Guest/Child Registration Fee includes:

Welcome Reception, Awards Dinner, and breakfast Dec. 4-8, 2023

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

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

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 4th	\$60		
Welcome / Exhibitor Reception - Unregistered Child Monday Evening, December 4th	\$25		
Awards Dinner - Unregistered Guest Thursday Evening, December 7th	\$85		
Awards Dinner - Unregistered Child (5-17 yrs) Thursday Evening, December 7th	\$25		

Registration Fees \$ _____

Unregistered Guest Event Ticket Fees \$ _____

TOTAL DUE \$ _____

- 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