



# South Carolina Orthopaedic Association

## 2009 Annual Meeting Registration Form

August 6-9, 2009 ♦ The Sanctuary at Kiawah Island ♦ Kiawah Island, SC

Please Note: This form is not intended for use by industry representatives. Representatives interested in attending should contact the SCOA.

Name: \_\_\_\_\_ Preferred Badge First Name \_\_\_\_\_

Spouse/Guest Name: \_\_\_\_\_ Preferred Badge First Name \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Registration is required for all persons attending 2009 SCOA Annual Meeting, including social events; conference badges must be worn for admission. **Registration fees** should be made by check payable to SCOA and include any additional fees found below under Special Registrations. Requests for refunds must be made in writing prior to the conference.

### Meeting Registration Fees Per Person:

ρ SCOA Member	No Charge
ρ SCOA Member w/Guest	No Charge
θ SCOA Emeritus Member	No Charge
θ Emeritus w/Spouse/Guest	No Charge
θ Non-Member	\$ 200
θ Non-Member w/Spouse/Guest	\$ 225
θ Resident w/Spouse/Guest	No Charge

### 4 ways to register for Meeting by July 10:

[www.scoanet.org](http://www.scoanet.org)

FAX form to (813) 949-8994

MAIL to: SCOA, 17503 Mallard Court, Lutz, FL 33559

CALL SCOA at (866) 949-3121

### Special Activity Registrations & Fees

**Family Buffet** Friday Evening (no charge) \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ # of Adults \_\_\_\_\_ # of Kids  
7-10 pm ~ Beachside Terrace & Lawn

**Dinner ~ Ocean Course Clubhouse-** Saturday Evening \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ # of Guests  
7 - 8:30 pm **(no charge)** - Adults Only – Reservations required.

#### Golf Tournament - Reservations MUST be guaranteed & paid to SCOA by July 10

\_\_\_\_\_ Yes, I will play at the Ocean Course - **Friday, August 7 (1:15-5:30 pm)**  
(\$265 .00 Fee – Includes transport, green & cart fees, and box lunch)

#### Tennis Tournament

\_\_\_\_\_ Yes, I will play tennis - **Friday, August 7 (1 pm)**, (free to participate)  
I am an "A" Player  I am a "B" Player

#### OREF 5K Fun Run

\_\_\_\_\_ Yes, I will run in the 5K – **Saturday, August 8, (6:30 am)**, no charge

I hereby authorize the following amount to be charged to my credit card.

Amount: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_  
(AMEX, MC, Visa, Discover)

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ (3 numbers on back of Visa/MC, 4 numbers on front of Amex)

May be returned to SCOA via Fax: 813-949-8994