



# Annual Meeting Registration Form

Clinical Orthopaedic Society's 108th Annual Meeting

September 16-19, 2020 • The Hutton Hotel • Nashville, TN

www.cosociety.org • Phone: 888-695-0515 • Fax: 410-494-0515

Name \_\_\_\_\_ Degree \_\_\_\_\_ Sub-Specialty \_\_\_\_\_

Company/Institution \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Office Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Physician/Allied Health Registration Fee Includes:**  
 Scientific Sessions, Scientific Poster Sessions, Multimedia Education Sessions, Symposia, Continental Breakfasts, Workshops, Breaks, and the President's Welcome Reception on Thursday evening.

**Spouse/Guest Registration Fee Includes:**  
 Discounted continental breakfast at The Goo Goo Shop on Thursday, the President's Welcome Reception on Thursday evening, and Hospitality Breakfasts on Friday and Saturday.

**TOUR/ACTIVITY CANCELLATION POLICY**  
 Full refund will be granted if a cancellation is made prior to 30 business days before the meeting date. No refund will be guaranteed within 30 business days of the meeting. COS will attempt to sell unwanted tickets on a first-come, first-served basis. If COS successfully sells your unwanted ticket, you will receive a full refund of the ticket cost. COS reserves the right to cancel an activity if the minimum number of participants has not purchased tickets prior to 30 business days before the meeting date.

#	Registrant Category	Fee
	COS Member Physician	\$775
	Non Member Physician	\$875
	Emeritus Member	\$345
	Active Duty Military Physician	\$200
	Physician Assistant	\$695
	Allied Health Professional	\$345
	Athletic Trainer	\$200
	Resident/Fellow (Funded by grants)	\$0
	Medical Student (Funded by grants)	\$0
	Spouse/Guest	\$225

#	Tour / Activity	Fee
	Breakfast at the Goo Goo Shop (Registered Guest) Thursday	\$25
	Breakfast at the Goo Goo Shop (Unregistered Guest) Thursday	\$99
	Walking Food Tour Friday	\$90
	AmericanaFest Friday	TBD

**Physician/Allied Health Registration Fee \$ \_\_\_\_\_**

**Spouse/Guest Registration Fees \$ \_\_\_\_\_**

**Activity / Tour Fees \$ \_\_\_\_\_**

**TOTAL \$ \_\_\_\_\_**

Please provide the information below for each of your guests so we can include their name badges in your registration packet.

Spouse/Guest Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Spouse/Guest Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Spouse/Guest Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Spouse/Guest Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Spouse/Guest Email Address for Meeting Updates**

Check Enclosed (payable to Clinical Orthopaedic Society)

Charge my:  Visa  MasterCard  American Express

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**REGISTRATION 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.

**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 September 1, 2020. You will be contacted by the COS Management Company, DTMS, to discuss your needs.