



Annual Meeting Registration Form

Clinical Orthopaedic Society's 109th Annual Meeting

November 3-6, 2021 • 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	\$130
	An Evening at The Hutton Analog Theater 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 October 1, 2021. You will be contacted by the COS Management Company, DTMS, to discuss your needs.