



Annual Meeting Registration Form

Clinical Orthopaedic Society's 112th Annual Meeting

September 4-7, 2024 | JW Marriott Tampa Water Street | Tampa, FL

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 & E-Poster Sessions, Symposia, Continental Breakfasts, Workshops, Breaks, the President's Welcome Reception on Thursday evening and the Friday Night Mixer.

Spouse/Guest Registration Fee Includes:

The President's Welcome Reception on Thursday evening, the Friday Night Mixer, daily Yoga, and Hospitality Breakfasts on Thursday, 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
	NEW 2024 COS Member Physician	\$0
	Non Member Physician	\$875
	Emeritus Member	\$345
	Active Duty Military Physician	\$200
	Physician Assistant	\$345
	Allied Health Professional	\$345
	Athletic Trainer	\$200
	Resident/Fellow	\$50
	Medical Student	\$50
	Spouse/Guest	\$225

Saturday Breakout Programs	
	Medical Student Program
	Resident Breakout Program
	Allied Health Breakout Program (Open to Allied Health & Surgeons)

#	Tours/Activities	Fee
	StarShip Dinner Cruise - Thu 9/5 (\$80)	
	Florida Aquarium - Adult - Fri 9/6 (\$26)	
	Florida Aquarium - Child (3-11) - Fri 9/6 (\$22)	

Physician/Allied Health Registration Fee \$ _____
 Guest Registration Fees \$ _____
 Tours/Activities Fees \$ _____
TOTAL \$ _____

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

Spouse/Guest Name	City	State
Guest Name	City	State
Guest Name	City	State
Guest Name	City	State

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

Credit Card Number	Expiration Date	CVV
Name on Card		
Billing Address	City	State ZIP

CANCELLATION POLICY: Full refund (less \$50 administrative fee) will be granted if a cancellation is made prior to 10 business days before the meeting date; a 50% refund if canceled between 5 and 10 business days before the meeting date. No refund will be granted within 5 business days of the meeting, or anytime thereafter.

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

SPECIAL NEEDS: If you have hearing, vision or mobility impairment and need appropriate accommodations in order to participate fully in this activity, check here and notify us by August 15, 2024. You will be contacted by the COS Management Company, DTMS, to discuss your needs.