



# Annual Meeting Registration Form

Clinical Orthopaedic Society's 113th Annual Meeting

September 3-6, 2025 | Omni Amelia Island Resort | Amelia Island, 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, the Friday Night Mixer, and the Beach Party Dinner.

#### 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, and the Beach Party Dinner.

#### 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 2025 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
	Child Guest (5-17 years old)	\$35
	Child Guest (under 5)	Free

#	Tours/Activities	Fee
	Morning Yoga - Thu 9/4 (Free)	
	Guided Kayak Adventure - Thu 9/4 (\$100)	
	Downtown Fernandina Food & Booze Tour - Thu 9/4 (\$125)	
	Brewed to Bond at Mocama Brewing Co - Thu 9/4 (\$100)	
	Morning Yoga - Fri 9/5 (Free)	
	VIP Beach Day Escape - Fri 9/5 (\$50)	
	COS Pickleball Tournament - Fri 9/5 (\$95)	
	Little Sandy Golf Tournament - Fri 9/5 (\$85)	
	Morning Yoga - Sat 9/6 (Free)	
	Amelia Island River Cruise - Sat 9/6 (\$85)	

ONLY complete the section below for UNREGISTERED spouses, guests and children who wish to attend the events. These events are already included for registered spouses, guests and children.

#	Unregistered Guest Events	Fee
	Family Breakfast Gathering - Adult - Thu 9/4 (\$40)	
	Family Breakfast Gathering - Child (5-17) - Thu 9/4 (\$20)	
	Welcome Reception - Adult - Thu 9/4 (\$75)	
	Family Breakfast Gathering - Adult - Fri 9/5 (\$40)	
	Family Breakfast Gathering - Child (5-17) - Fri 9/5 (\$20)	
	Family Breakfast Gathering - Adult - Sat 9/6 (\$40)	
	Family Breakfast Gathering - Child (5-17) - Sat 9/6 (\$20)	
	Beach Party Dinner - Adult - Sat 9/6 (\$100)	
	Beach Party Dinner - Child (5-17) - Sat 9/6 (\$50)	

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

Ortho Voyage: Empowering the Next Generation with Skill, Purpose & Legacy Breakout Program Registration	
I will attend the Breakout Program below:	
<input type="checkbox"/> Resident Breakout	<input type="checkbox"/> Medical Student Breakout

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, 2025. You will be contacted by the COS Management Company, DTMS, to discuss your needs.

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

Guest Registration Fees \$\_\_\_\_\_

Tours/Activities Fees \$\_\_\_\_\_

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

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

Credit Card Number	Exp Date	CW
Name on Card		
Billing Address		
City	State	ZIP