Annual Meeting Registration Form

Clinical Orthopaedic Society's 114th Annual Meeting

August 26-29, 2026 | Omni Louisville | Louisville, KY

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 & ePoster Sessions, Symposia, Continental Breakfasts, Workshops, Breaks, the President's Welcome Reception on Thursday evening, and Derby Night at Churchill Downs on Friday night.

Spouse/Guest Registration Fee Includes:
The President's Welcome Reception on Thursday evening, Derby Night at Churchill Downs on Friday night, and Hospitality Breakfasts on Thursday, Friday and Saturday.

#	Registrant Category	Fee
	COS Member Physician	$895
	NEW 2026 COS Member Physician	$448
	Non Member Physician - Includes 1 year free COS membership	$995
	Emeritus Member	$345
	Active Duty Military Physician	$200
	Physician Daily Rate - Th | Fri | Sat	$400
	APP (CRNP, RN, BSN, PA) | Entire Meeting	$495
	APP (CRNP, RN, BSN, PA) | Daily Rate - Th | Fri | Sat	$295
	Athletic Trainer	$200
	Resident/Fellow	$175
	Medical Student	$150
	Spouse/Guest	$225
	Child Guest (5-17 years old)	$35
	Child Guest (under 5)	Free

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 _____

☐ I would like to opt out of receiving promotional emails.

☐ Do not share my information with third party vendors.

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.

☐ 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 1, 2026. You will be contacted by the COS Management Company, DTMS, to discuss your needs.

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.

#	Tours/Activities	Fee
	Downtown Food, Booze & History Tour - Thu 8/27 ($185)	
	Derby Hat Making - Fascinator - Fri 8/28 ($110)	
	Derby Hat Making - Men's Fedora - Fri 8/28 ($200)	
	Derby Hat Making - Women's Flat-Brimmed Hat - Fri 8/28 ($200)	
	Cocktail Making Class at Angel's Envy Distillery - Sat 8/29 ($75)	

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
	Spouse/Guest Breakfast - Adult - Thu 8/27 ($30)	
	Spouse/Guest Breakfast - Child (5-17) - Thu 8/27 ($20)	
	President's Welcome Reception - Thu 8/27 (Free)	
	Spouse/Guest Breakfast - Adult - Fri 8/28 ($30)	
	Spouse/Guest Breakfast - Child (5-17) - Fri 8/28 ($20)	
	Derby Night at Churchill Downs - Adult - Fri 8/28 ($100)	
	Derby Night at Churchill Downs - Child (5-17) - Fri 8/28 ($30)	
	Spouse/Guest Breakfast - Adult - Sat 8/29 ($30)	
	Spouse/Guest Breakfast - Child (5-17) - Sat 8/29 ($20)	

Saturday Afternoon Breakout Program Registration		
I will attend the Breakout Program below:		
☐ Resident Breakout	☐ Medical Student Breakout	☐ Own the Bone

Physician/APP 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 _____ CVV _____

Name on Card _____

Billing Address _____

City _____ State _____ ZIP _____