SOMOS 63rd Annual Meeting Registration

The Resort at Squaw Creek - Olympic Valley, CA | December 13-17, 2021

MAIL: Society of Military Orthopaedic Surgeons, 110 West Rd, Suite 227, Towson, MD 21204
PHONE: 866-494-1778 **FAX:** 410-494-0515 **WEB:** www.somos.org

Name ____ Degree ____ Current Military Rank ____

Address ____

City ____ State ____ ZIP ____

Email Address ____ Phone ____

Name of Spouse/Guests, if attending ____

REGISTRATION FEES

Registration Fee includes:
Scientific sessions, poster presentations, symposia, two dinners (Welcome Reception and Awards Dinner), educational lunch workshops, and breakfast and breaks Dec. 14-17, 2021

Spouse/Guest/Child Registration Fee includes:
Welcome Reception, Awards Dinner, and breakfast Dec. 14-17, 2021

QTY	REGISTRANT CATEGORY	PRICE
	SOMOS Member	$395
	Non Member	$695
	Resident / Fellow Member	$200
	Medical Student	$200
	Allied Health Professional Member	$200
	Allied Health Professional	$295
	Invited Civilian Guest Moderator	$0
	Spouse / Guest / Child over 18	$185
	Child(ren) ages 5-17	$50
	Child(ren) under 5	$0

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.

Event Tickets for Unregistered Guests

(Registered participants, guests and children **do not** need to buy tickets for the events below. They are included in your registration fee.)

EVENT	PRICE	QTY	TOTAL
Welcome / Exhibitor Reception - Unregistered Guest Monday Evening, December 13th	$60		
Welcome / Exhibitor Reception - Unregistered Child Monday Evening, December 13th	$25		
Awards Dinner - Unregistered Guest Thursday Evening, December 17th	$85		
Awards Dinner - Unregistered Child (5-17 yrs) Thursday Evening, December 17th	$25		

Registration Fees $____________

Unregistered Guest Event Ticket Fees $____________

TOTAL DUE $____________

PAYMENT

☐ Check Enclosed (payable to Society of Military Orthopaedic Surgeons)

☐ Charge my: ☐ Visa ☐ MasterCard ☐ American Express

CARD NO. ____ EXP. DATE ____ CVV ____

SIGNATURE ____

PRINTED NAME ON CARD ____

BILLING ADDRESS ____

BILLING CITY ____ BILLING STATE ____ BILLING ZIP ____