

SOMOS 67th Annual Meeting Registration

The Hythe - Vail, CO | December 8-12, 2025

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. 8-12, 2025

Spouse/Guest/Child Registration Fee includes:

Welcome Reception, Awards Dinner, and breakfast Dec. 8-12, 2025

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 8th | \$60 | | |
| Welcome / Exhibitor Reception - Unregistered Child Monday Evening, December 8th | \$25 | | |
| Awards Dinner - Unregistered Guest Thursday Evening, December 11th | \$85 | | |
| Awards Dinner - Unregistered Child (5-17 yrs) Thursday Evening, December 11th | \$25 | | |

| QTY | REGISTRANT CATEGORY | PRICE |
|-----|-----------------------------------|-------|
| | SOMOS Member | \$395 |
| | Non Member | \$750 |
| | Fellow Member | \$200 |
| | Resident Member | \$200 |
| | Medical Student | \$200 |
| | Allied Health Professional Member | \$200 |
| | Allied Health Professional | \$295 |
| | Invited Civilian Speaker | \$0 |
| | Spouse / Guest / Child over 18 | \$185 |
| | Child(ren) ages 5-17 | \$50 |
| | Child(ren) under 5 | \$0 |

Registration Fees \$ _____

Unregistered Guest Event Ticket Fees \$ _____

TOTAL DUE \$ _____

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.

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

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 |