

WASHINGTON STATE ORTHOPAEDIC ASSOCIATION

2010 ANNUAL MEETING

**NOVEMBER 19-20, 2010
HYATT REGENCY BELLEVUE, BELLEVUE, WA**

REGISTRATION (please type or print clearly)

Full Name _____ Name for Badge _____

Group/Hospital _____

Address _____

City/State/Zip _____

Phone _____ Alt.Ph _____ Email _____

- My food preference is vegetarian*
- I will attend Friday Night Grand Rounds*

**Conference registration fee includes tuition, syllabus, Friday Grand Rounds & reception,
Breakfast, lunch, and breaks on Saturday!**

Conference Registration

- | | |
|---|---------------------------------|
| <input type="checkbox"/> WSOA Member | Complimentary |
| <input type="checkbox"/> Non-Member Physician | \$450 |
| <input type="checkbox"/> Senior Member | Complimentary |
| <input type="checkbox"/> Resident | Complimentary |
| <input type="checkbox"/> Physician Assistant | \$50 |
| <input type="checkbox"/> Practice Manager/Administrator | Complimentary |
| <input type="checkbox"/> Military Ortho MD | \$75 (includes 2011 membership) |

*******Please complete registration for all Complimentary Attendance*******

TOTAL ENCLOSED: _____

PAYMENT: Mail to WSOA, 2033 Sixth Avenue, Ste 1100, Seattle, WA 98121

- Enclosed is my check made payable to: **WSOA**
- Credit Card Payment: (Visa or MasterCard Only) Mail to address above or **Fax to 206-441-5863**

Print Name: _____

Billing Address & Zip Code _____

CC#: _____ Exp Date: _____

Signature: _____

DEADLINES: Your registration/RSVP must be received no later than November 1, 2010 to ensure that your name will appear on the program roster.

CANCELLATION POLICY: We must receive written notification of your cancellation. A \$50 processing fee will be deducted from the registration refund. No refunds will be issued after November 1, 2010.

INQUIRES: Contact Darla White at the WSOA Office at 206-956-3642, or send emails to ddw@wsma.org