

WASHINGTON STATE ORTHOPAEDIC ASSOCIATION

2009 ANNUAL MEETING

NOVEMBER 13-14, 2009
SEATTLE, WASHINGTON

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

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

	<u>Postmarked Before Oct. 1</u>	<u>Postmarked After Oct. 1</u>
Conference Registration		
<input type="checkbox"/> WSOA Member	included in dues	
<input type="checkbox"/> Non-Member Physician	\$450	\$475
<input type="checkbox"/> Senior Member	included in dues	
<input type="checkbox"/> Resident	\$0	\$0
<input type="checkbox"/> Affiliate Member	\$175	\$225

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: _____

CC#: _____ Exp Date: _____

Signature: _____

DEADLINES: Your registration must be received no later than November 1, 2009 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, 2009.

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