



Annual Meeting Registration Form

Eastern Orthopaedic Association's 55th Annual Meeting

October 16-19, 2024 ~ The Breakers ~ Palm Beach, FL
 www.eoa-assn.org ~ Phone: 866-362-1409 ~ 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, E-Poster Sessions, Symposia, Continental Breakfasts, Workshops, Breaks, Welcome Dinner, Exhibitor Reception, and the Founders' Reception & Dinner.

Spouse/Guest Registration Fee Includes: Spouse/Guest/Child Hospitality on Thursday, Friday and Saturday mornings, Welcome Dinner, Exhibitor Reception, and the Founders' Reception & Dinner.

Child Registration Fee Includes: Spouse/Guest/Child Hospitality on Thursday, Friday and Saturday mornings, Welcome Dinner, and the Kids' Movie Nights on Friday and Saturday.

Qty	Registrant Category	Fee
	New 2024 EOA Member	FREE
	EOA Member Physician	\$875
	NJOS or RJOS Member	\$875
	Moderator/Presenter	\$875
	Non Member Physician	\$1,275
	Emeritus Member	\$400
	Active Military	\$200
	Allied Health Professional	\$300
	Resident/Fellow	\$150
	Medical Student	\$150

Qty	Guest Category	Fee
	EOA/NJOS/RJOS Member Spouse	No charge
	Addl EOA/NJOS/RJOS Guests (18+)	\$225
	Nonmember Spouse/Guest (18+)	\$225
	Child(ren) 5-17 years	\$35
	Child(ren) under 5 years	No Charge

Please provide the information below for each of your Adult guests' name badges. (Registered children 5-17 will receive a wristband.)

Spouse/Guest Name _____ City _____ State _____

Guest Name _____ City _____ State _____

Guest Name _____ City _____ State _____

Spouse/Guest Email Address for Meeting Updates

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.

Tour/Activity Ticket 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. EOA will attempt to sell unwanted tickets on a first-come, first-served basis. If EOA successfully sells your unwanted ticket, you will receive a full refund of the ticket cost. EOA 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.

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

Qty	Tours/Activities	Fee
	Afternoon Tennis - Thu 10/17 (\$50)	
	Palm Beach Experience Driving Tour - Thu 10/17 (\$169)	
	W. Palm Beach Food Tour No Transportation - Fri 10/18 (\$96)	
	W. Palm Beach Food Tour with Transportation - Fri 10/18 (\$152)	
	Golf Tournament - Fri 10/18 (\$362)	
	Palm Beach Bike Tour - Sat 10/19 (\$193)	
	Loggerhead Marinelife Center No Transportation - Sat 10/19 (\$25)	
	Loggerhead Marinelife Center with Transportation - Sat 10/19 (\$81)	

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.

Qty	Unregistered Guest Events	Fee
	Spouse/Guest/Child Hospitality - Adult (\$40) Thu	
	Spouse/Guest/Child Hospitality - Child 5-17 (\$20) Thu	
	Welcome Dinner - Adult (\$100) Thu	
	Welcome Dinner - Child 5-17 (\$50) Thu	
	Spouse/Guest/Child Hospitality - Adult (\$40) Fri	
	Spouse/Guest/Child Hospitality - Child 5-17 (\$20) Fri	
	Exhibitor Reception - Adult (\$75) Fri	
	Kids' Movie Night with Arts & Crafts (\$30) Fri	
	Spouse/Guest/Child Hospitality - Adult (\$40) Sat	
	Spouse/Guest/Child Hospitality - Child 5-17 (\$20) Sat	
	Kids' Movie Night with Arts & Crafts (\$30) Sat	
	Founders' Dinner - Adult (\$150) Sat	
	Founders' Dinner - CHILD SURCHARGE (\$75) Sat	

Physician/Allied Health Registration Fee \$ _____

Guest Registration Fees \$ _____

Unregistered Guest Event Fees \$ _____

Tours/Activities Fees \$ _____

TOTAL \$ _____

- Check Enclosed (payable to Eastern Orthopaedic Association)
- Charge my: Visa MasterCard American Express

Credit Card Number _____ Expiration Date _____ CW _____

Name on Card _____

Billing Address _____

Billing City _____ State _____ ZIP _____