

Register Today!



January 10-14, 2016

Hilton Waikoloa Village • Hawaii's Big Island

OTHawaii.com

Mail this form to:

ATTN: Registration Department
ORTHOPEDICS TODAY Hawaii
6900 Grove Road
Thorofare, NJ 08086-9447

Fax this form to: 856-251-0278

Register by phone:

1-877-307-5225, ext. 219 or ext. 476

or 856-848-1712, ext. 219 or ext. 476

Office Hours: 9:00 am – 5:00 pm, ET | Monday – Friday

Email questions to: registration@contactAMS.com

 **PRIORITY CODE: 767-900**

Meeting Registration Form

First/Given Name	Middle Initial	Last/Family Name	Suffix	Degree
Address				
City	State/Province	Country	Zip/Postal Code	
Phone (work)	Phone (mobile)	Email	NPI Number	

Profession:

- ☐ Physician
☐ Physician Assistant
☐ Physical Therapist
☐ Resident/Student
☐ Other: _____

Primary Specialty:

- ☐ Orthopedics
☐ Other: _____

Subspecialty/Area of Interest:

- | | | |
|--|---|---|
| ☐ Arthritis | ☐ Oncology | ☐ Sports Medicine |
| ☐ Foot & Ankle | ☐ Pediatrics | ☐ Total Joint Reconstruction |
| ☐ General Orthopedics | ☐ Shoulder/Elbow | ☐ Trauma |
| ☐ Hand | ☐ Spine | ☐ Other: _____ |
| ☐ Knee | | |

CME Activity Request:

- ☐ **YES**, I would like the opportunity to earn CME credits through future activities sponsored by Vindico Medical Education.

How did you hear about this meeting? (please select all that apply)

- | | | | | | |
|--|--|--|------------------------------------|--|---------------------------------------|
| ☐ Print Advertisement | ☐ Exhibit Booth | ☐ Letter | ☐ Post card | ☐ Brochure | ☐ Other: _____ |
| ☐ Email | ☐ Internet Search | ☐ Word of Mouth | ☐ Flyer | ☐ I'm a Past Attendee | |

Registration Fee

Categories not listed may register by phone at 1-877-307-5225 ext. 219 or 476. Industry may contact Stephanie Burleigh at 856-848-1712 ext. 337.

Early Bird Registration	Preregistration	Standard Registration
SAVE UP TO \$200 (Expires on August 31)	SAVE UP TO \$100 (expires October 31)	
☐ A. Physician US \$895 + 4.16% Hawaii Excise Tax = \$932.23	☐ AA. Physician US \$995 + 4.16% Hawaii Excise Tax = \$1,036.39	☐ AS. Physician US \$1,095 + 4.16% Hawaii Excise Tax = \$1,140.55
☐ B. Physician Assistant ☐ C. Physical Therapist ☐ D. Resident/Student* US \$695 + 4.16% Hawaii Excise Tax = \$723.91	☐ BB. Physician Assistant ☐ CC. Physical Therapist ☐ DD. Resident/Student* US \$795 + 4.16% Hawaii Excise Tax = \$828.07	☐ BS. Physician Assistant ☐ CS. Physical Therapist ☐ DS. Resident/Student* US \$895 + 4.16% Hawaii Excise Tax = \$932.23

*Residents/students must submit a letter of verification at time of registration.

Payment Information

TOTAL \$ _____

- ☐ Enclosed is my check payable to "ORTHOPEDICS TODAY Hawaii 2016" paid in U.S. dollars, drawn on a U.S. bank.

Please bill my: ☐ Visa ☐ MasterCard ☐ American Express

Account Number	Exp. Date	3-4 Digit Security Code
Name as it Appears on Card		Signature

Special Dietary Request: Please call 1-877-307-5225 ext. 219 or ext. 476 with your request.

Refunds: Requests for refunds must be submitted in writing by **December 28, 2015**. There will be a \$200 service charge retained for physician refund requests and \$100 for all other registration categories. Requests received after this date will be ineligible for refunds.

ADA Compliance: In compliance with the Americans with Disabilities Act of 1990, we will make all reasonable efforts to accommodate persons with disabilities. Please call with your requests.

Dress Code: Resort Casual.
Federal ID #: 30-0747466

15-0205

Hotel Reservations

Room reservations will only be accepted after you have completed meeting registration. One reservation is permitted per meeting registrant. Special reduced room rates are available exclusively for attendees at the Hilton Waikoloa Village. Room block rates and quantities are limited and meeting registration alone cannot guarantee you space. All reservations must be made through the official ORTHOPEDICS TODAY Hawaii hotel reservation web site. Please call Meeting Registration at 1-877-307-5225 ext. 219 or ext. 476 to obtain the link if you registered via print form.