



Louisiana Orthopaedic Association 2016 Annual Meeting

March 18-19, 2016 • Sheraton New Orleans • New Orleans, LA

REGISTRATION FORM

Last Name: _____ First Name: _____ M.I.: _____

Professional Degree (such as MD, DO, PA, RN, NP, PT): _____ Name of Practice: _____

Mailing Address: _____

City/State/Zip: _____

Phone Office: _____ Home: _____ Cell: _____

Fax: _____ Email: ♦ _____

♦Email required to receive registration confirmation letter. Please print clearly for successful email delivery.

Registration Fees

Please check appropriate category below.

	Registration Fee	Amount Due
☐ LOA Member	\$100	\$ _____
☐ Emeritus/Retired	NC	
☐ Non-Member (Eligible for Membership*)	\$300	\$ _____
☐ Physician Non-Member (Not Eligible for Membership)	\$150	\$ _____
☐ Member PA, NP	NC	\$ _____
☐ Non-Member PA, NP*	\$150	\$ _____
☐ Out of State AAOS Member or LAMMICO Member	\$125	\$ _____
☐ Resident ☐ Fellow	NC	\$ _____ NC
☐ President's Reception	NC	\$ _____ NC

*Includes one year membership with completed application.

TOTAL: \$ _____

Payment

Make checks (US currency) payable to: Louisiana Orthopaedic Association

Method of Payment: ☐ Check ☐ VISA ☐ MasterCard ☐ Discover

Credit Card Number _____ Exp. Date _____ CVV Code** _____

Billing Address _____ Zip Code _____

Printed Name on Card _____

Signature _____

**CVV code is the three-digit number on the back of VISA, MC or Discover.

Americans with Disabilities Act: The Louisiana Orthopaedic Association has fully complied with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of accessible accommodations, please contact the registration desk for assistance.

Refund Policy: 80% refund through 2/17/16; no refund after 2/17/16. Refunds will be determined by the date a written or e-mailed cancellation is received. Contact the LOA headquarters with any questions.

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Questions: (804) 565-6376 • Fax: (804) 282-0090 • Email: LOA@societyhq.com