2016 UTAH STATE ORTHOPAEDIC SOCIETY

ANNUAL MEETING

University of Utah - Marriott Park Hotel | 480 Wakara Way / Salt Lake City, UT 84108 | September 30, 2016

Physician/Physician Assistant Registration Form

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Email: _____

Note – Physician Assistants or Mid-level providers wishing to obtain CME credits are required to register and pay the full Tuition. Physician Assistants only wanting to attend the Conference as a staff member can do so under the Physician's registration, however, under this condition CME credit cannot be issued to the Physician Assistant. Please fill out separate forms for Physicians and Physician Assistants wishing to receive CME credit.

Tuition: $175

❑ Physician / Physician Assistant fee and admission of spouse/guest and staff to meeting events.
Please check events you and your spouse/guest and staff will attend

❑ Educational Sessions, # of staff attending
(***$20****/staff member if physician not registered)* _____

❑ Resident – Complimentary attendance, # in party _____

Total Tuition Fee: $ _____

Amount may be paid by Check or Credit Card

Make check payable to: UTAH STATE ORTHOPAEDIC SOCIETY

Information needed to process Credit Card Payment:

Name *(As it appears on the card):* _____

Billing Address: _____

Card Type: _____ Card #: _____ Exp Date: _____

CCID #: _____ Telephone Number if there is a problem: (___) _____

Spouse/Guest Name: _____ *(As you wish to appear on name badge)*

Office Manager: _____ *(As you wish to appear on name badge)*

Staff Attending: _____

_____ *(As you wish to appear on name badge)*

❑ Check here if ADA *(Americans with Disabilities Act)* accommodation is desired.

Please return form and fees to:

Utah State Orthopaedic Society
P.O. Box 17184
Salt Lake City, UT 84117-7184
Phone: 801/284-8659 - Questions
Email: mwankier@rcmclinic.com - Questions