

**Registration Form FOS Annual Meeting ~ May 20-23, 2010 ~
Harbor Beach Marriott Resort & Spa ~ Fort Lauderdale, Florida**

Please complete this form and return to the FOS office, 17503 Mallard Court, Lutz, FL 33559. Phone: 813-948-8660, Fax: 813-949-8994. Email: fcobbe@tampabay.rr.com.

Online Registration Available at www.fos-society.com

Name: _____

Spouse's or Guest's Name: _____

Mailing Address: _____

Office Phone: _____ Office Fax: _____

Email Address: _____

Participant Classification: (Circle one) Member Non-Member Resident/Fellow

Allied Medical Professional (PA, NP, RN) _____ Administrator Other Staff

Please circle the Breakout Session you would like for Friday, May 21st (1:30 to 4:00 PM):

Adult Reconstruction ~ Foot & Ankle ~ Shoulder & Elbow ~ Spine

Please circle the Breakout Session you would like for Saturday, May 22nd (10:00 AM – 12:30 PM):

Sports Medicine ~ Oncology ~ Trauma ~ Hand

Applicable Fees:	Number of Reservations for each event:
Meeting Registration for Members (FOS): \$175	_____
Meeting Registration for Non-Members: \$350	_____
Meeting Registration: Allied Professionals, Administrators, Office Staff: \$175	_____
Meeting Registration: Resident or Fellow: Free	_____
Golf Tournament: \$150 per player	_____
Fishing Trip: \$150 per person	_____
Total Amount Enclosed: \$ _____	
Checks should be made payable to the Florida Orthopaedic Society.	

The FOS will be recognizing the Wounded Warrior Project during this year's annual meeting. A number of our social events will benefit the Project. If you would like to make an additional contribution to the Foundation, please note the amount below. We will process the contribution and send you a receipt for tax purposes.

Wounded Warrior Project Additional Contribution: _____

Payment Information: I authorize the following amount to be charged to my credit card. (Visa, MC)	
Amount Authorized: _____	Card #: _____
Expiration Date: _____	Security Code (3 digits on back of card): _____
Name as it appears on card: _____	