

**Arizona Orthopaedic Society
Annual Meeting Registration Form
October 26th, 2024**

Bob Bové Neuroscience Institute at HonorHealth, Scottsdale, AZ

Name _____

Practice Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Registration fees:

Active member	\$200
Retired member	\$100
Resident	no charge
Non-member	\$300
PA	\$100

Please submit this form to ensure an accurate headcount for our classroom and meals, even if you are a resident attending at no charge.

Dietary restrictions

Make check payable to the Arizona Orthopaedic Society or pay by **Visa, MasterCard or AMEX** and send to: 2401 W Peoria Ave Ste 315, Phoenix, AZ 85029, email to kmueller@azmed.org, 602-489-1564, or fax to 602-242-6283. You can also use the QR code to make payment.



Name on card _____ Signature _____

Credit card number _____

Exp date _____ CVC# _____

Billing address

Registration deadline: Wednesday, October 22

Cancellations must be received by October 12 to receive a refund.

Persons with a disability may request a reasonable accommodation by contacting Kassie Mueller, CMP kmueller@azmed.org or 602-489-1564. Requests should be made as early as possible to allow time to arrange.