Online Registration available at www.sportsmed.org/aossmimis/annualmeeting
Advance Registration closes June 23, 2017.
After June 23rd, a $150 surcharge will be assessed to all registrations.

REGISTRATION CATEGORIES & FEES*
All fees below are listed in US Dollars (The cost of meeting registration does not include hotel).

A MEETING REGISTRATION

- Member $150 $300
- Non-Member MD $750 $900
- Resident / Fellow $350 $500
- Military Non-Member $300 $450
- Allied Health $350 $500
- Faculty $150 $300

(A) Registration Subtotal

B EDUCATIONAL RESOURCE MATERIALS

Instructional Courses***

- Complete set of IC handouts, online access only $70

Online Meeting Subscription

- General session presentations from the 2017 Annual Meeting and 2017 Specialty Day (powerpoints synced with audio) $200

(B) Educational Resource Materials Subtotal

* All registration fees are listed in US dollars.
** Note on Fee Differential: Registration costs are predicated on attendees staying at official meeting hotels. A $150 differential fee is assessed to registrants staying at other hotels to offset expenses incurred. Meeting registrants will be confirmed with hotel master list.
*** IC Faculty will be contacted directly regarding their complimentary IC Materials.

No refunds after June 23, 2017 on any of the above registration fees.
All refunds are subject to a $150 non-refundable processing fee.

The American Orthopaedic Society for Sports Medicine
ADVANCE REGISTRATION FORM

Online Registration available at www.sportsmed.org/aossmimis/annualmeeting
Advance Registration closes June 23, 2017.
After June 23rd, a $150 surcharge will be assessed to all registrations.

NAME (PLEASE TYPE OR PRINT CLEARLY)  DEGREE(S)

SOCIAL FUNCTIONS

Niagara Falls
☐ Friday, July 21  All Ages ___ x $145 ___

Hockey Hall of Fame/Family Night
☐ Saturday, July 22  Adults (Ages 12 and Up) ___ N/C ___
☐ Children 4 – 11 ___ N/C ___
☐ Under 4 ___ N/C ___

(D) Social Functions Subtotal ___

FEES ENCLOSED

A) Registration Subtotal (FROM PAGE 1) ___
B) Educational Resource Materials (FROM PAGE 1) ___
C) Instructional Courses, Case-based Discussions, Workshop (FROM PAGE 1) ___
D) Social Functions Subtotal (FROM PAGE 2) ___

TOTAL FEES ___

PAYMENT IS REQUIRED WITH THE SUBMISSION OF A REGISTRATION FORM

Mail form and payment to AOSSM, 2884 Momentum Place, Chicago, IL 60689 – 5328. Make check payable in US Dollars to American Orthopaedic Society for SportsMedicine (AOSSM) or provide credit card information and fax form to 847 / 292 – 4905. Your canceled check is your receipt.

☐ Check Enclosed  ☐ Visa  ☐ Master Card  ☐ American Express

CARD NUMBER  CVV CODE  EXP. DATE

NAME (AS IT APPEARS ON CARD)

SIGNATURE (I AGREE TO PAY ACCORDING TO THE CREDIT CARD ISSUER AGREEMENT)  DATE

E-MAIL

AOSSM Image / Likeness / Voice Release
I understand and agree that, as a result of participating in an AOSSM educational conference or meeting, my image, likeness, or voice may be photographed and / or recorded. If family members are attending the meeting with me, their image, likeness, and voice may also be photographed and / or recorded. I hereby grant irrevocable and unrestricted permission to AOSSM and its staff to use my or my family’s image, likeness, or performance in any medium and for any purpose they deem appropriate. I hereby waive any right to inspect or approve such use of materials. Submission of this form for meeting registration acknowledges acceptance of these terms.

NO REFUNDS AFTER JUNE 23, 2017 ON ANY OF THE ABOVE REGISTRATION FEES.