



Attendee Registration
22nd BONES OF PA Annual Meeting
October 24-26, 2018

Valley Forge Casino Resort, 1160 1st Avenue, King of Prussia, PA 19406

Name: _____

Title: _____

Practice name: _____

Practice address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Attendee's E-mail: _____

Role: Administrator Affiliate/Staff Number of Physicians in practice: _____

Please note that a \$40 surcharge will apply to all registrations received after October 19th.
Any cancellations after September 15th will incur a \$40 cancellation fee.

REGISTRATION

BONES OF PA Member \$50 Non Member \$125

Indicate which days/events you plan to attend

- October 24th First Timer's Reception at Hotel 5:00 – 6:00PM October 25th Program (breakfast/breaks/lunch) (8AM-5:30PM)
 October 24th Welcome Reception at Hotel 6:00 – 7:30PM October 26th Program (breakfast/breaks) (8AM-12:00PM)

CHECK PAYMENT

Make checks payable to "Bones of PA, Inc."
BONES OF PA, INC., 1215 EAST ROBINSON STREET, ORLANDO, FL 32801

CREDIT CARD VIA FAX 813-949-8994

\$ _____

Amount to be charged _____

VISA, MC, or AMEX Card Number _____

Security Code _____ Expiration Date _____

Name on Card _____

Credit Card Billing Address _____

Phone Number _____

Signature _____ Date _____

PAY ONLINE BY CREDIT CARD: <https://www.bonesofpa.com/meeting-registration.html>