



Attendee Registration  
**BONES of PA Annual Meeting**  
August 18 - 20, 2021  
Live! Casino & Hotel  
Hanover, Maryland  
[www.bonesofpa.com/annual-meeting](http://www.bonesofpa.com/annual-meeting)

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Practice name: \_\_\_\_\_

Practice address: \_\_\_\_\_

Practice website: \_\_\_\_\_

Practice Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Attendee E-mail: \_\_\_\_\_

Number of Physicians in practice: \_\_\_\_\_ Number of Locations: \_\_\_\_\_

Practice Type: please circle Private Multi Specialty University Affiliated Hospital Based/Owned Solo Clinical/Research

Dietary Restrictions (Vegetarian / vegan/allergies etc.): \_\_\_\_\_

**Registration**

BONES OF PA Member \$50       BONES OF PA Member- First Time at a Meeting \$0       Non Member \$125

Total Due \$ \_\_\_\_\_

**Credit Card Payment** I hereby authorize the following amount to be charged to my credit card.

\$ \_\_\_\_\_  
Amount Authorized Security Code Expiration Date

\_\_\_\_\_  
VISA, MC, or AMEX Card Number

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Credit Card Billing Address

\_\_\_\_\_  
City / State / Zip