



Attendee Registration
MidAtlantic BONES Annual Meeting
August 24-26, 2022
The Westin Annapolis
Annapolis, Maryland

Name: _____ **Position/Title:** _____

Practice name: _____

Practice address: _____

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.): _____

Please indicate which events you plan to attend:

August 24th Welcome Reception: _____

August 25th Networking Reception: _____

Please indicate which breakout sessions you plan to attend:

Administrative Breakout: _____

Clinical Breakout: _____

Registration Type:

- MidAtlantic BONES Member \$50 Staff of a MidAtlantic BONES Member \$100 Non-Member \$125

If staff of a MidAtlantic BONES Member, please provide their name: _____

Total Due \$ _____

Credit Card Payment

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

 VISA, MC, or AMEX Card Number

 Name on Card

Credit Card Billing Address

City / State / Zip