

Member Registration Form
2009 BSOF Annual Conference
September 25-27, 2009
Marriott Harbor Beach Resort in Fort Lauderdale

Name _____

Position Title _____

Practice Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

Number of Physicians in Practice? _____

Bones Society of Florida Member Yes _____ No _____

Applicable Fees:	Amount Payable:
Meeting Registration for Members*: \$125 Utilize this form to pay 2009 membership dues: \$75	_____ _____
Meeting Registration for Non-Members: \$200	_____
Saturday Dinner Event: \$25 per person. Total # of guests _____	_____
Total Amount Payable: \$ _____	

*Membership note: Membership in BSOF is only \$75 per year. Membership is limited to office administrators and/or management level staff of orthopaedic practices or multi-disciplinary practices that include orthopaedics. Non-members can apply for membership and pay member registration fee at the same time. This form will serve as your membership application. Please submit the membership fee in addition to registration fee. BSOF membership is independent of AAOE membership.

<u>Check Payments:</u> Make payable to BONES Society of Florida. Mail Registration & Payment to:	
<u>Credit Card Payments:</u> Complete below and mail to address above or fax to 407-682-5597.	
Amount Authorized: _____	Card #: _____ <u>Visa, MC, AMEX or Discover</u>
Expiration Date: _____	Security Code or CIN Number: _____
Name as it appears on card: _____	

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