

# 2018 Combined Annual Meeting

## April 19-23, 2018

# Registration Form

*Registration includes all general CDE/CME sessions, continental breakfasts/breaks, entrance to Exhibit Hall, Thursday evening's Welcome Reception and Friday's Evening Reception. Meeting cancellation is 100% refundable prior to Tuesday, February 13, 2018, 50% refundable if cancelled between February 14 and March 19, 2018. No refund will be due for cancellations received after March 19, 2018. All meeting cancellations must be in writing and sent to the SWSOMS office by the designated due dates.*

<b>Standard Registration</b>	_____ \$1250.00
<i>(Saturday evening President's Event not included in meeting registration)</i>	
<b>SWSOMS Retired Social Registration</b>	_____ \$ 600.00
<i>(Includes Receptions and Exhibit Hall Entrance, no CDE/CME sessions)</i>	
<b>Presenting Resident Registration</b>	_____ \$ 0.00
<i>(One ticket to President's Event included)</i>	
<b>Non-Presenting Resident Registration</b>	_____ \$ 600.00
<i>(Saturday evening President's Event not included in meeting registration)</i>	
<b>Military/Active Duty Registration</b>	_____ \$ 450.00
<i>(Saturday evening President's Event not included in meeting registration)</i>	

### Additional Events Ticketed Separately:

Golf Tournament, April 19, 2018 (Green fee and cart fee)		
Golf Fee	_____ player(s) x \$180	\$ _____
Club Rental	_____ player(s) x \$ 75	\$ _____
Shoe Rental	_____ player(s) x \$ 25	\$ _____
Please circle preference: <i>Men's / Women's</i> <i>Right / Left handed</i>		
BOMSAA Dinner, Friday, April 20, 2018	_____ person(s) x \$150	\$ _____
UTHSC-SA Alumni Dinner, Friday, April 20, 2018	_____ person(s) x \$150	\$ _____
OUTHSC/Oklahoma Society Alumni Dinner Friday, April 20, 2018	_____ person(s) x \$150	\$ _____
Companion Program: Wine Tasting Tour & Luncheon	_____ person(s) x \$149	\$ _____
President's Event, Saturday, April 21, 2018 <i>(Saturday evening tickets sold separately)</i>	_____ person(s) x \$165	\$ _____
<b>TOTAL DUE:</b>		<b>\$ _____</b>

### Contact Information

Name: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Preferred Name for Badge \_\_\_\_\_

### Guest Information

Name: \_\_\_\_\_  
 Preferred Name for Badge: \_\_\_\_\_

### Payment Instructions

**Make Checks Payable to SWSOMS**  
*All Major Credit Cards Accepted (Please Circle)*  
 Mastercard    Visa    Discover    American Express

Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ CVV Code \_\_\_\_\_  
 Billing Address, Zip: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Registration may be **Faxed:** 210-614-5234 (secure line)    - **OR** -    **Mailed:** SWSOMS  
 4499 Medical Drive, Suite #190  
 San Antonio, TX 78229