

# 2019 SWSOMS Combined Annual Meeting

April 4-6, 2019

## 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 12, 2019, 50% refundable if cancelled between February 12 and March 8, 2019. No refund will be due for cancellations received after March 8, 2019. All meeting cancellations must be in writing and sent to the SWSOMS office by the designated due dates.

**Standard Registration** \_\_\_\_\_ \$1250.00

(Saturday evening President's Event not included in meeting registration)

**SWSOMS Retired Social Registration** \_\_\_\_\_ \$ 600.00

(Includes Receptions and Exhibit Hall Entrance, no CDE/CME sessions)

**Presenting Resident Registration** \_\_\_\_\_ \$ 0.00

(One ticket to President's Event included)

**Non-Presenting Resident Registration** \_\_\_\_\_ \$ 600.00

(Saturday evening President's Event not included in meeting registration)

**Military/Active Duty Registration** \_\_\_\_\_ \$ 450.00

(Saturday evening President's Event not included in meeting registration)

### Additional Events Ticketed Separately:

Golf Tournament, April 4, 2019 (Green fee and cart fee)

Golf Fee \_\_\_\_\_ player(s) x \$165 \$ \_\_\_\_\_

Club Rental \_\_\_\_\_ player(s) x \$ 55 \$ \_\_\_\_\_

Please circle preference: *Men's / Women's* *Right / Left handed*

BOMSAA Dinner, Friday, April 5, 2019 \_\_\_\_\_ person(s) x \$150 \$ \_\_\_\_\_

UTHSC-SA Alumni Dinner, Friday, April 5, 2019 \_\_\_\_\_ person(s) x \$150 \$ \_\_\_\_\_

OUTHSC/Oklahoma Society Alumni Dinner

Friday, April 5, 2019 \_\_\_\_\_ person(s) x \$150 \$ \_\_\_\_\_

*Companion Program: Celebrating the Foods & Culture of New Mexico*

\_\_\_\_\_ person(s) x \$140 \$ \_\_\_\_\_

President's Event, Saturday, April 6, 2019 \_\_\_\_\_ person(s) x \$165 \$ \_\_\_\_\_

(Saturday evening tickets sold separately)

**TOTAL DUE:** \$ \_\_\_\_\_

### 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  
P.O. Box 78278  
San Antonio, TX 78229