



LOUISIANA ORTHOPAEDIC ASSOCIATION 2018 Annual Meeting

February 2-3, 2018 • Hilton New Orleans Riverside • New Orleans, LA

REGISTRATION FORM

Last Name: _____ First Name: _____ M.I.: _____

Professional Degree (such as MD, DO, PA, RN, NP, PT): _____ Name of Practice: _____

Mailing Address: _____

City/State/Zip: _____

Phone Office: _____ Home: _____ Cell: _____

Fax: _____ Email: ♦ _____

♦Email required to receive registration confirmation letter. Please print clearly for successful email delivery.

Registration Fees

Please check appropriate category below.

	Through 1/4/18	After 1/4/18	Amount Due
<input type="checkbox"/> LOA Member	\$100	\$150	\$ _____
<input type="checkbox"/> Emeritus/Retired	NC	\$50	\$ _____
<input type="checkbox"/> Physician Non-Member	\$200	\$300	\$ _____
<input type="checkbox"/> Member PA, NP	\$75	\$100	\$ _____
<input type="checkbox"/> Non-Member PA, NP*	\$150	\$200	\$ _____
<input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Medical Student	NC	\$25	\$ _____
TOTAL:			\$ _____

Payment

Make checks (US currency) payable to: Louisiana Orthopaedic Association

Method of Payment: Check VISA MasterCard Discover

Credit Card Number _____ Exp. Date _____ CVV Code** _____

Billing Address _____ Zip Code _____

Printed Name on Card _____

Signature _____

**CVV code is the three-digit number on the back of VISA, MC or Discover.

Americans with Disabilities Act: The Louisiana Orthopaedic Association has fully complied with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of accessible accommodations, please contact the registration desk for assistance.

Refund Policy: 80% refund through 1/4/18; no refund after 1/4/18. Refunds will be determined by the date a written or e-mailed cancellation is received. Contact the LOA headquarters with any questions.

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Questions: (804) 565-6376 • Fax: (804) 282-0090 • Email: LOA@societyhq.com