



ALABAMA ORTHOPAEDIC SOCIETY

Physicians Meeting Registration

312-T Schillinger Rd South, #307 Mobile, AL 36608
(251) 388 - 1634 | membership@alorthosociety.org
www.aosdocs.com

WAYS TO SUBMIT: Paying by Card - Scan form and send to email above / Paying by Check - Mail to AOS

CONTACT INFORMATION

Please check one of each of the following: MD DO | Other _____

First Name _____ Last Name _____

Personal Cell (____) _____ - _____ Personal Email _____

Will you be bringing a spouse and/or guests? Yes No If so, how many? _____

Spouse/Guest Name (write N/A if not applicable) _____

PAYMENT REGISTRATION INFORMATION

Please note that all credit card transactions will incur a 3.5% administrative charge.

Registrant Type (Choose one)	Total Cost - Check	Total Cost - Card
<input type="checkbox"/> AOS Member	\$425	\$425 + \$14.88 = \$439.88
<input type="checkbox"/> Non-Member	\$550	\$550 + \$19.25 = \$569.25
<input type="checkbox"/> Allied Health Professional	\$250	\$250 + \$8.75 = \$258.75
<input type="checkbox"/> Fellow	\$0	\$0
<input type="checkbox"/> Resident	\$0	\$0

Please select one of the following payment types: Credit Card Check

Pay by Credit Card Card # _____ Exp ____ / ____ CVV _____

Name on Card _____ Mailing Address _____

City _____ State _____ Zip _____

Pay by Check Make checks payable to **Alabama Orthopaedic Society** (see top of form for address)

SIGNATURE _____ **DATE** ____ / ____ / ____