

Southern Association of Orthodontists & Southwestern Society of Orthodontists
 Rosen Shingle Creek • November 14-16, 2019
R E G I S T R A T I O N F O R M

**You can register online at saortho.org, swso.org, or you can choose to complete this printed registration form and return via fax (844) 214-1224, or mail to: 32 Lenox Pointe NE, Atlanta, GA 30324.
You may make copies and use this form as a worksheet before completing online registration.**

Please use one form per doctor and retain a copy for your records. The SAO and SWSO is only responsible for materials received. Please use a ballpoint pen to complete all pages and print doctor's name at the top of each page.

1. **Doctor's Name/Primary Registrant** (Please print): _____

Nickname for Badge: _____ **Seminar Codes** (pg. 4 of brochure): _____

Spouse/Guest Name (if attending): _____ **Seminar Codes** (pg. 4 of brochure): _____

Children Names (if attending): _____, _____, _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Business Phone: (_____) _____ **Email:** Required* _____
 * Confirmation will be sent via e-mail only

2. **First & Last Name/Job Title – (S) Staff, (A) Assistant, (G) Guest – and Seminar Codes** (pg. 4 of brochure)

3. **Please list any food allergies or disabilities with registrant's name to plan accordingly:**

R E G I S T R A T I O N F E E S

Doctor Registration Types	Early Bird by Sept. 9	Sept. 10 - Oct.11	After Oct. 11	Amount
1. AAO, SAO, SWSO, WFO Active Member	\$359	\$389	\$419	
2. SAO/SWSO Active Member-New & Young Doctors (Graduated Residency on or after October 1, 2014)	\$0	\$0	\$160	
3. SAO/SWSO Full-time Faculty Member	\$0	\$0	\$50	
4. SAO/SWSO Resident	\$0	\$0	\$50	
5. SAO/SWSO Active Member: First-time Attendee	\$175	\$195	\$215	
6. SAO/SWSO Retired Member	\$175	\$195	\$215	
7. AAO or WFO Retired Member (Member of Constituency other than SAO or SWSO)	\$205	\$235	\$265	
8. NON AAO/WFO Member	\$800	\$900	\$1,000	
DOCTOR REGISTRATION SUBTOTAL				\$

REMEMBER TO REGISTER ALL GUESTS/FAMILY MEMBERS NEEDING A BADGE IN ADVANCE

Additional Registration Types	Early Bird by Sept. 9	Sept 10 – Oct. 11	After Oct. 11	Fee x Number Registered = Total Amount
9. SAO, SWSO, AAO, WFO Member's Staff	\$259	\$289	\$319	X _____ = \$
10. Member's Spouse (must register for badge)	\$0	\$0	\$50	X _____ = \$
11. SAO, SWSO, AAO, WFO Member's Spouse Requesting CE Credit	\$100	\$130	\$160	X _____ = \$
12. SAO, SWSO AAO, WFO Member's Family Member(s) or Guest(s) 12 years or older	\$50	\$50	\$100	X _____ = \$
13. Child 12 & under	\$0	\$0	\$0	
ADDITIONAL REGISTRATION SUBTOTAL				\$

O P T I O N A L E V E N T S

MUST HAVE NAME BADGE & TICKETS TO PARTICIPATE IN THE FOLLOWING EVENTS

Please request tickets only if you plan to use them. We make many important decisions based on the information you give us. We must inform the hotel, the speakers, and caterers so that everyone is adequately prepared. Particularly important is the number of meals ordered. The SAO must pay for all meals ordered. **We will be unable to refund money for meal tickets after Sept. 10.**

EVENTS	DAY/TIME	VALUE	FEE	# TICKETS	TOTALS
Grand Opening Exhibit Hall Reception (must have badge and ticket)	THURSDAY 4:30pm - 6:30pm	Complimentary		X ____ =	
SAO & SWSO Southern Celebration Dinner – Adult, 12 & over	THURSDAY 7:00pm - 9:00pm	\$125	\$50	X ____ =	
SAO & SWSO Southern Celebration kids 12 & under	THURSDAY 7:00pm - 9:00pm		\$40	X ____ =	
CDABO Breakfast	FRIDAY 7:30am - 8:30am		\$45	X ____ =	
Lunch with the Exhibitors	FRIDAY 11:30am -1:00pm	\$45	\$25	X ____ =	
Exhibit Hall Happy Hour (must have badge and ticket)	FRIDAY 4:00pm - 5:00pm	Complimentary		X ____ =	
Marvel's Superhero Island	FRIDAY 6:30pm - 10:00pm	\$125	\$85	X ____ =	
Marvel's Superhero Island - Kids 12 & under	FRIDAY 6:30pm - 10:00pm		\$65	X ____ =	
Lunch with the Exhibitors	SATURDAY 11:30am -1:00pm	\$45	\$25	X ____ =	
Charitable Donation – Adam Michael Rosen Foundation – pg. 10 for details		Suggested \$25		Amount \$ _____	
OPTIONAL EVENTS SUBTOTAL					\$
GRAND TOTAL					\$

*Link for lodging will be sent in your registration confirmation email

PAYMENT INFORMATION: Make check payable to Southern Association of Orthodontists

Card Number: _____ Exp. Date: _____ CVV Code: _____

Billing Zip Code: _____ Signature: _____

Annual Session Disclaimer: In consideration of being allowed to participate in ticketed and complimentary events associated with the SAO/SWSO Annual Meeting, the Southern Association of Orthodontists (SAO) and Southwestern Society of Orthodontists (SWSO) and its authorized agents are hereby released from any damages caused or incurred in connection with these activities. The SAO/SWSO do not review, approve of, or necessarily agree with, the topics, speakers and presentations set forth in this program. As such, by virtue of your attendance at this program, you acknowledge that any and all actions taken by you based upon such topics, speakers and presentations are undertaken by you at your own risk, and you further agree to hold the SAO/SWSO and its authorized agents harmless from any and all liability in relation to the same, including attorney's fees, arising from, or in connection with, these activities. The SAO/SWSO encourages you to make your own independent judgment as to the topics, speakers, and presentations, and to rely on the advice of professionals, as appropriate, in making decisions in relation thereto. By completing this registration, I grant permission to all of the foregoing to use any photographs, motion pictures, or any other record of my participation in this event.

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Fax (844) 214-1224 • Questions (404) 261-5528 • Register online at www.saortho.org, wwwswso.org