



**PEDIATRIC ORTHOPAEDIC SOCIETY OF NORTH AMERICA**  
**2008 ANNUAL MEETING REGISTRATION**  
**Albuquerque, New Mexico – May 1 - 3, 2008**

\$50 LATE FEE WILL BE CHARGED FOR REGISTRATION RECEIVED AFTER MARCH 14, 2008. REGISTRATION CLOSES MARCH 31, 2008.  
 PLEASE REGISTER AT THE MEETING AFTER MARCH 31, 2008. THERE WILL BE AN ADDITIONAL \$50 FEE FOR REGISTRATION AT THE MEETING.  
 For prompt crediting of your registration please mail to: POSNA, 6665 Eagle Way, Chicago, IL 60678-1066. Payment must be enclosed.  
 The bank will not accept overnight or courier packages

Hotel reservations should be made directly with the hotel with the enclosed form.  
 Registration includes: Course material, Wednesday cocktail reception, Friday Dinner Dance, coffee breaks, and 3 continental breakfasts. A accompanying persons must be registered to attend these social events. Accompanying Person Registration includes Wednesday cocktail reception, Friday Dinner Dance and 3 continental breakfasts.

Name: \_\_\_\_\_ Accompanying Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Children (Include Ages): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail (Required): \_\_\_\_\_

Registration Fees	USD	Amount	Optional Events (see program for description)	USD	Attendee	Guest	Optional Events (see program for description)	USD	Attendee	Guest
Member / Alliance Member	\$ 595	_____	SantaFe Turquoise Trail	\$ 48	_____	_____	Sandia Peak Tram/Lunch	\$ 77	_____	_____
Non-Member Guest	\$ 675	_____	Jemez Mt. Trail Bandelier	\$ 82	_____	_____	Balloon Ride-Rainbow	(make reservations directly-see pg. 20)	_____	_____
Resident /Fellow / Allied Health	\$ 425	_____	Acoma Sky City Pueblo	\$ 72	_____	_____	<b>Optional Educational Events (see program for description)</b>	_____	_____	_____
RN / PA / etc.	\$ 425	_____	Old Town/Museum Dist.	\$ 5	_____	_____	Spine	N/C	_____	_____
Accompanying Person	\$ 325	_____	Indian Pueblo Cultural Ctr	\$ 95	_____	_____	Foot	N/C	_____	_____
Senior Members	\$ 375	_____	Jane Butel's SW Cooking	\$ 75	_____	_____	Communication	N/C	_____	_____
Children over 6, per child	\$ 10	_____	Winery	\$ 79	_____	_____	Basic Science/Hip Part 1	N/C	_____	_____
After March 14, 2008 Late Fee	\$ 50	_____	Sandia Peak Tram/Hike	\$ 82	_____	_____	Basic Science/Hip Part 2	N/C	_____	_____
On-Site registration additional fee	\$ 50	_____	Hiking at Tent Rocks	\$ 76	_____	_____	CP / Gait	N/C	_____	_____
<b>TOTAL FEES</b>	_____	_____	Golf (Handicap_____)	\$ 115	_____	_____	NP / PA	N/C	_____	_____
<b>TOTAL OPTIONAL EVENTS</b>	_____	_____	<b>Banquet (✓ if attending)</b>	N/C	_____	_____	Trauma	N/C	_____	_____
<b>TOTAL REGISTRATION</b>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

If not a POSNA Member, Alliance Affiliation: \_\_\_\_\_  
 (Alliance Pediatric Orthopaedic Societies: Argentina, Asia Pacific, Australia, Belgium, Brazil, Chile, France, Germany, Great Britain, India, Iran, Israel, Italy, Japan, Korea, Mexico, New Zealand, Poland, South Africa, Spain, Sweden, Taiwan, Turkey)

I am a guest of: \_\_\_\_\_ (POSNA Member)  
 If you are registering as a Resident/Fellow, signature of Chief of Staff or Dept. Head is required here \_\_\_\_\_

Check if ADA (Americans with Disabilities Act) accommodation is desired. Please specify \_\_\_\_\_  
 PAYMENT MUST BE ENCLOSED OR FORM WILL BE RETURNED: ONLY ONE METHOD OF PAYMENT IS ACCEPTABLE (ONE DAY COURSE IS A SEPARATE REGISTRATION FORM AND FEE.)  
 • Checks payable to POSNA in US Funds only, drawn on US Bank (registrant is responsible for all bank charges) • Travelers Checks (must be signed)  
 • Master Card/Visa (We do not accept American Express or Eurocards) Please put this amount on my credit card \$ \_\_\_\_\_

Card Number (please check for accuracy)	_____	Expiration Date	_____	Signature	_____
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**REFUND POLICY:** Written notice of cancellation must be sent for refund. Full refund through March 31, 2008. 20% administrative fee after March 31, 2008. No refunds after April 21, 2008.