



Attendee Registration
 MidAtlantic BONES Annual Meeting
 September 13-15, 2023
 Grand Hotel
 Ocean City, Maryland

Name: _____ Position/Title: _____

Practice Name: _____

Practice address: _____

Practice Phone: _____ Attendee E-mail: _____

Cell Number (May be used to send meeting & membership updates): _____

Number of Physicians in Practice: _____ Number of Locations: _____

Practice Type: please circle Private Multi Specialty University Affiliated Hospital Based/Owned Solo Clinical/Research

Dietary Restrictions (Vegetarian /vegan/allergies etc.): _____

Please indicate which events you plan to attend:

September 13th Welcome Reception: _____

September 14th Networking Reception: _____

Please indicate which breakout sessions you plan to attend:

Seasoned Leaders Breakout: _____
 (at least 5 years of experience in a management role)

Emerging Leaders Breakout: _____
 (less than 5 years of experience in a management role)

Registration Type:

- MidAtlantic BONES Member- \$75 Staff of a MidAtlantic BONES Member- \$125 Non-Member- \$150

If staff of a MidAtlantic BONES Member, please provide their name: _____

Please note: A \$40 surcharge will apply to all registrations received after September 10, 2023.
 Any cancellations after August 15, 2023, will incur a \$40 cancellation fee.

Total Due \$ _____

Credit Card Payment

\$ _____
 Amount Authorized Security Code Expiration Date

VISA, MC, or AMEX Card Number

Name on Card

Credit Card Billing Address

City / State / Zip