



Attendee Registration
MidAtlantic BONES Annual Meeting
September 18-20, 2024
Turf Valley Resort
Ellicott City, Maryland

Name: _____ **Position/Title:** _____

Practice Name: _____

Practice Address: _____

Practice Phone: _____ **Attendee Email:** _____

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 18th Golf Outing (\$100 per person) : _____

September 18th Reception with Exhibitors: _____

September 19th Murder Mystery Dinner Event: _____

September 19th Murder Mystery Dinner Event Guest Tickets (\$70 per person) _____

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- \$95 Staff of a MidAtlantic BONES Member- \$145 Non-Member- \$155

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

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