

# 2017 GLAO/MSO/SWSO Combined Meeting

## Roosevelt Waldorf Astoria Hotel

### New Orleans, LA

### September 14-17

### 2017 REGISTRATION FORMS

\* 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 GLAO/MSO/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** (Please print): \_\_\_\_\_

**Nickname for Badge:** \_\_\_\_\_

**Spouse/Guest Name** (if attending): \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Business Phone:** (\_\_\_\_) \_\_\_\_\_ **Email: required\*** \_\_\_\_\_

\* Confirmation will be sent via e-mail only

2. **Emergency Contact Information:** Name \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### REGISTRATION FEES

Registration fee includes: courses, Friday Box Lunch, Friday reception, Saturday Continental Breakfast and Saturday Box Lunch

Doctor Registration Types	Early Bird by August 15	Onsite	Amount
AAO, WFO Member (please indicate to which constituent you belong:  <input type="checkbox"/> GLAO <input type="checkbox"/> MSO <input type="checkbox"/> SWSO <input type="checkbox"/> Other	\$350	\$400	
AAO Student Member Residency Program:	\$175	\$225	
NON-Member of AAO, WFO	\$700	\$750	
<b>DOCTOR REGISTRATION TOTAL</b>	\$		

ONLINE REGISTRATION LINK CAN BE FOUND AT: [www.GLAO.org](http://www.GLAO.org) or [MSORTHO.org](http://MSORTHO.org) or [SWSO.org](http://SWSO.org)

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

**DOCTOR'S NAME (Please Print)** \_\_\_\_\_

<b>Additional Registration Types</b>	<b>Early Bird by August 15</b>	<b>Onsite</b>	<b>Fee x Number Registered = Total Amount</b>
<b>3. Staff*</b> <input type="checkbox"/> GLAO <input type="checkbox"/> MSO <input type="checkbox"/> SWSO <input type="checkbox"/> Other	\$250	\$300	X _____ = \$ *List Names Below
<b>4. Spouse/Guest- No CE credit</b>	\$200	\$220	
<b>5. Member's Spouse Requesting CE Credit</b>	\$250	\$310	
<b>ADDITIONAL REGISTRATION TOTAL</b>	\$		

\*If staff is attending without the doctor, please call the SWSO office at (404) 904-1209

Additional Registration Names (Please print)

	<b>NAME (please provide the email address if available)</b>	<b>TYPE</b>	
		Staff	Sp/G
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Call (504) 335-3138 or (800) 445-8667 and ask for the SWSO Room Block  
 The rate for King/Queen Deluxe or Superior is \$250  
 Cut off date is August 14. First Come First Served

DOCTOR'S NAME (Please Print) \_\_\_\_\_

**MEAL FUNCTIONS INCLUDED IN REGISTRATION FEE**

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 organizations must pay for all meals ordered.

**Please indicate the number of tickets requested  
 (# of Tickets must match # of paid registrations)**

Friday Box Lunch \_\_\_\_\_

Friday Reception \_\_\_\_\_

Saturday Continental Breakfast \_\_\_\_\_

Saturday Box Lunch \_\_\_\_\_

**OPTIONAL EVENTS**

**MUST HAVE NAME BADGE AND/OR TICKETS TO PARTICIPATE IN THE FOLLOWING EVENTS**

**\*Please note that the cost of events is reduced thanks to the generous support of our sponsors.**

<b><u>EVENTS</u></b>	<b><u>DAY/TIME</u></b>	<b><u>FEE</u></b>	<b><u># TICKETS</u></b>	<b><u>TOTALS</u></b>
Masquerade Madness Cosponsored by American Orthodontics	THURSDAY 6:00-7:30 pm	\$35	X ____ =	
Masquerade Madness-nonregistered fee		\$60		
Opening Breakfast	FRIDAY 6:45-8:30 am	\$35	X ____ =	
Opening Breakfast-nonregistered fee		\$60		
CDABO Luncheon	FRIDAY 12:00-1:00 pm	\$59	X ____ =	
Natchez Steamboat Cruise with Dinner & Jazz Band Cosponsored by 3M	SATURDAY 6:30-9:00 pm	\$55	X ____ =	
Steamboat Cruise-nonregistered fee		\$80		
<b>OPTIONAL EVENTS TOTAL</b>		<b>\$</b>		



**Up to 14 hours CE available for doctors and staff**

Call (504) 335-3138 or (800) 445-8667 and ask for the SWSO Room Block  
 The rate for King/Queen Deluxe or Superior is \$250  
 Cut off date is August 14. First Come First Served

DOCTOR'S NAME (Please Print) \_\_\_\_\_

**SUMMARY**

DOCTOR REGISTRATION TOTAL: \_\_\_\_\_

ADDITIONAL REGISTRATION TOTAL: \_\_\_\_\_

OPTIONAL EVENTS TOTAL: \_\_\_\_\_

GRAND TOTAL

\$
----

**REGISTRATION PAYMENT OPTIONS**

All Fees must be paid in US currency

(I) Credit Card: \_\_\_AMEX \_\_\_MC \_\_\_ VISA

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Vcode: \_\_\_\_\_

Name of Cardholder (please print) \_\_\_\_\_

Billing Address (No Post Office Box)  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

I agree to pay for the fees to attend the Combined Meeting for which I register.

Signature: \_\_\_\_\_

(II) Check: No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**TO REGISTER:**

1. REGISTER ONLINE at [www.glao.org](http://www.glao.org) or [www.msortho.org](http://www.msortho.org) or [www.swso.org](http://www.swso.org)
2. SCAN and EMAIL completed form to [swsosharon@gmail.com](mailto:swsosharon@gmail.com)
3. FAX to 404. 521.4180 (Please contact the SWSO office at 404.904.1209 to confirm receipt of forms)
4. MAIL completed form to SWSO; PO Box 13909; Atlanta, GA 30324

**Please retain a copy of the Registration Forms for your records.**

**The SWSO can be responsible only for materials received.**

**All registrations will be confirmed within 7 days by email.**

**If you do not receive a confirmation or have questions, please contact the SWSO office at (404) 904-1209.**

<p><b>CANCELLATION POLICY:</b> If modifications or cancellations are necessary, refunds will be given less a processing fee of \$50, if requested in writing prior to August 14. August 15 - September 5, half of the registration fee will be refunded. After September 5, we will be unable to make any refunds. Requests for refunds must be made in writing and sent to the SWSO office via email to <a href="mailto:swsosharon@gmail.com">swsosharon@gmail.com</a> or faxed to (404) 521-4180.</p>
---

Call (504) 335-3138 or (800) 445-8667 and ask for the SWSO Room Block  
The rate for King/Queen Deluxe or Superior is \$250  
Cut off date is August 14. First Come First Served