

Registration

August 22—25, 2019

The Ritz-Carlton, Amelia Island, Florida



*Physician's Name (as desired on name badge): _____

*(Residents are not able to register on-line; they must register via options #2, 3 or 4 —see below)

Spouse/Guest(s) Name(s): _____

Children's Names: _____ Ages: _____

Practice Name: _____

Office Address: _____

City/State/Zip: _____ Cell Phone: _____

Primary Phone: _____ Email: _____

Confirmations and link to syllabus will be sent via email

I agree to receive meeting notifications via text message

Registration Fee

Physician Member:	<input type="checkbox"/> \$495.00 <small>Early Bird Rate by 7.19.19</small>	<input type="checkbox"/> \$545.00 <small>Fee after 7.19.19</small>	Subtotal: \$ _____
Physician Non-member:	<input type="checkbox"/> \$595.00 <small>Early Bird Rate by 7.19.19</small>	<input type="checkbox"/> \$645.00 <small>Fee after 7.19.19</small>	Subtotal: \$ _____
Resident/Medical Student:		<input type="checkbox"/> \$150.00	Subtotal: \$ _____

Add-Ons

Spouse and Guests (18 years and older): _____ @ \$200.00 each <small>(Includes 2 Receptions, Friday Breakfast and Saturday Night Awards Banquet)</small>	Subtotal: \$ _____
→ TOTAL # _____ of Guest(s) for Friday Breakfast (Included in registration fee) <small>(While Physicians are in class session - included in spouse/guest registration fee)</small>	
→ TOTAL # _____ Attending Saturday Night Awards Banquet <small>(18 & older - Included in spouse/guest registration fee)</small>	
→ TOTAL # _____ # Children for Saturday Kids' Night _____ @ \$50.00 each <small>(6:00-10:00pm for ages 5-12)</small>	Subtotal: \$ _____
*List Any Dietary Restrictions: _____	TOTAL: \$ _____

Credit Card Info

Card Type: Amex Visa MasterCard Expiration Date: _____ / _____
Month Year

Credit Card Number: _____ Security Code: _____
3 Digits for Visa/MC; 4 Digits for Amex

Billing Address (if different than above): _____

4 WAYS TO REGISTER	1 On-line: events.resultsathand.com/gogs2019/895/	2 Fax to secure fax line: 770.904.5251
	3 Phone Nicole Reaves at 770.904.5298 with your credit card information	4 Mail to: GOGS · 2925 Premiere Pkwy Suite 100 · Duluth, GA 30097

Media Release

Professional photographs, audio, and video will be captured during the conference. Attendees and their guests hereby grant GOGS and its representatives permission to be photographed and/or recorded at the meeting. Attendees and their guests give GOGS permission to copyright, publish, and distribute these photographs, audio recordings, and/or videos and use them in any and all media, including print and electronic for any lawful purpose.

Cancellations

A refund for conference registration will be made upon written request prior to July 19, 2019. However, \$75 will be retained for administrative costs. No refunds will be made after July 19, 2019. We reserve the right to cancel the program. Full registration fees will be refunded for canceled programs. GOGS is not responsible for reimbursement of airline or transportation fees, hotel, or rental car charges, including penalties. **By registering for this conference, you acknowledge and agree to this policy.**

A Friendly Reminder



Remember To Make Your Hotel Reservations Today