

# REGISTRATION FORM



THANK YOU FOR YOUR INTEREST IN REGISTERING FOR THE 2019 ISAKOS CONGRESS IN CANCUN, MEXICO!

## PLEASE PROVIDE ALL REQUESTED INFORMATION

Forms received without all information will not be processed

**ISAKOS ID#:**

## PERSONAL INFORMATION (PLEASE PRINT CLEARLY FOR BADGE PURPOSES)

FIRST (GIVEN) NAME	LAST (SURNAME) NAME	DEGREE	
ADDRESS			
CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY
TELEPHONE	FAX	E-MAIL	

## REGISTRATION FEES (All prices are in US dollars.)

### ISAKOS Congress Registration

	Early By January 31, 2019	Standard By March 31, 2019	On-site After March 31, 2019
<input type="checkbox"/> Member Physician*	US \$770	US \$870	US \$970
<input type="checkbox"/> Non-Member Physician	US \$1,020	US \$1,120	US \$1,220
<input type="checkbox"/> Presenter/Faculty	US \$845	US \$945	US \$1,045
<input type="checkbox"/> Allied Health**	US \$470	US \$570	US \$670
<input type="checkbox"/> Resident/Fellow**	US \$470	US \$570	US \$670
<input type="checkbox"/> Exhibitor Representative***	US \$675	US \$750	US \$825
<input type="checkbox"/> Instructional Course Lectures (ICLs)	No Additional Fee – Included in Registration		

### ICLs

Monday, May 13	<input type="checkbox"/> ICL #1	<input type="checkbox"/> ICL #2	<input type="checkbox"/> ICL #3	<input type="checkbox"/> ICL #4	<input type="checkbox"/> ICL #5	<input type="checkbox"/> ICL #6	<input type="checkbox"/> ICL #7	
Tuesday, May 14	<input type="checkbox"/> ICL #8	<input type="checkbox"/> ICL #9	<input type="checkbox"/> ICL #10	<input type="checkbox"/> ICL #11	<input type="checkbox"/> ICL #12	<input type="checkbox"/> ICL #13	<input type="checkbox"/> ICL #14	<input type="checkbox"/> ICL #15
Wednesday, May 15	<input type="checkbox"/> ICL #16	<input type="checkbox"/> ICL #17	<input type="checkbox"/> ICL #18	<input type="checkbox"/> ICL #19	<input type="checkbox"/> ICL #20	<input type="checkbox"/> ICL #21	<input type="checkbox"/> ICL #22	<input type="checkbox"/> ICL #23
Thursday, May 16	<input type="checkbox"/> ICL #24	<input type="checkbox"/> ICL #25	<input type="checkbox"/> ICL #26	<input type="checkbox"/> ICL #27	<input type="checkbox"/> ICL #28	<input type="checkbox"/> ICL #29	<input type="checkbox"/> ICL #30	

### Pre-Courses

### Saturday, May 11, 2019

	Early By January 31, 2019	Standard By March 31, 2019	On-site After March 31, 2019
<input type="checkbox"/> Pre-Course day includes admission to one Morning and one Afternoon Pre-Course. Please select one Morning Pre-Course and one Afternoon Pre-Course. First-Come, First-Served; Limited capacity.	US \$200	US \$225	US \$250

### Morning:

- ☐ Updating and Upgrading the Knee Surgical Techniques (Presented in Spanish)
- ☐ Current Concepts in Shoulder Surgeries: New Insights in Instability and Rotator Cuff Repair
- ☐ Knee Arthroplasty: All You Need to Know

### Afternoon:

- ☐ Updating and Upgrading the Shoulder Surgical Techniques (Presented in Spanish)
- ☐ The Sports Medicine Physician
- ☐ Masterclass in Knee Sports and Preservation Surgery: A Case Based Approach

### Visa Invitation Letter

<input type="checkbox"/> Letter – Electronic Copy/PDF	FREE
<input type="checkbox"/> Letter – Original Copy/Embossed/Airmailed	US \$100
<input type="checkbox"/> Letter – Do Not Need	N/A

### Sports Rehabilitation Concurrent Course: The Global Perspective

<input type="checkbox"/> Sports Rehabilitation Concurrent Course Only†	US \$375	US \$425	US \$475
<input type="checkbox"/> Sports Rehabilitation Concurrent Course with Congress Registration	US \$20	US \$20	US \$20

### Social Activities

<input type="checkbox"/> Welcome Reception	No Additional Fee – Included in Registration		
<input type="checkbox"/> Spouse and Guest Morning Café	US \$100	US \$100	US \$125

# REGISTRATION FORM



Please include the names of all accompanying persons for use in the spouse directory:

**PUBLISH INFO IN SPOUSE DIRECTORY** ☐ YES ☐ NO

FIRST (GIVEN) NAME	LAST (SURNAME) NAME	FIRST (GIVEN) NAME	LAST (SURNAME) NAME
FIRST (GIVEN) NAME	LAST (SURNAME) NAME	FIRST (GIVEN) NAME	LAST (SURNAME) NAME
CITY	STATE/PROVINCE	COUNTRY	E-MAIL

**TOTAL \$**

FROM PAGE 1

## ISAKOS Image/Likeness/Voice Release

I understand and agree that, as a result of participating as an ISAKOS meeting attendee and/or exhibitor, my image, likeness or voice may be photographed and/or recorded. If family members are attending the meeting with me, their image, likeness and voice may also be photographed and/or recorded. I hereby grant irrevocable and unrestricted permission to ISAKOS and its staff to use my or my family's image, likeness or performance in any medium and for any purpose they deem appropriate. I hereby waive any right to inspect or approve such use of materials. Submission of this Registration Form acknowledges acceptance of these terms.

## ISAKOS CONGRESS ATTENDEE AGREEMENT

By submitting this Registration Form and registering for the Biennial Congress, I agree to be bound by the terms of the ISAKOS Attendee Participation Agreement and to abide by all other policies and procedures of ISAKOS. To view the ISAKOS Congress Attendee Agreement, log in to myCongress at [isakos.com/myCongress](http://isakos.com/myCongress) or visit [bit.ly/2L4YGMG](http://bit.ly/2L4YGMG).

## METHOD OF PAYMENT (contact the ISAKOS Office for wire transfer information)

**MAIL THIS FORM AND PAYMENT TO:** ISAKOS, 2410 Camino Ramon, Suite 215, San Ramon, CA 94583 USA **OR FAX THIS FORM TO:** +1 (925) 807-1199

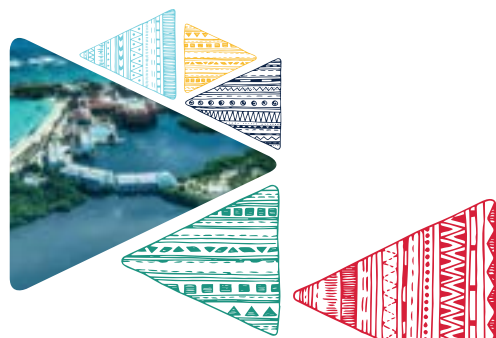
☐ Check (make check payable to ISAKOS in US Dollars drawn on US bank) ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover Card

CARD NUMBER	EXP. DATE	CVV# 4 DIGITS AmEx 3 DIGITS VISA, MC, Discover
NAME (AS IT APPEARS ON CARD)		
SIGNATURE (I AGREE TO PAY ACCORDING TO THE CREDIT CARD ISSUER AGREEMENT)		DATE

By signing this form, attendees allow ISAKOS to charge their credit card for the total registration amount.

Refunds will be subject to a US \$100 processing fee. Requests for refunds must be received in writing in the society office by March 1, 2019.

- \* Active, Associate, and Emeritus Members Only. Members are required to have paid all dues owed to ISAKOS. If dues are not paid prior to registering, they will be requested at the time of registration.
- \*\* Allied Health and Resident/Fellow Registrants must provide proof of status prior to picking up badge on-site. Those who are unable to provide proof of status will be asked to pay the full registration price.
- \*\*\* Exhibitor representative must provide proof of affiliation (business card) with the exhibiting company and a photo ID in order to receive their badge. Badges will not be given to anyone other than the individual named on the badge.
- † Price includes Sports Rehabilitation Concurrent Course only. Registrants cannot attend ICLs or other ISAKOS Congress sessions.



**REGISTER ONLINE AT**  
[www.isakos.com/2019Congress](http://www.isakos.com/2019Congress)

