

# Southern Association of Orthodontists

Marriott Resort & Spa

Hilton Head, SC

October 2-6, 2013



## 2013 ANNUAL MEETING REGISTRATION FOR NAME BADGE & MEAL TICKET(S)

REGISTER ONLINE: [www.saortho.org](http://www.saortho.org)

Please use one form per Doctor and retain a copy for your records. The SAO can be responsible only for materials received. Please use a ballpoint pen to complete all pages. Please print Doctor's name at the top of each page.

1. **Company Name:** \_\_\_\_\_  
(Please print)

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

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

**Business Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** Required\* \_\_\_\_\_  
\* Confirmation will be sent via e-mail only.

2. Do you wish to receive text messaging during the meeting? \_\_N\_\_Y/Cell # required:(\_\_\_\_) \_\_\_\_\_

3. **Emergency Contact Information:** Name \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

2 ATTENDEES PER BOOTH ARE COMPLIMENTARY  
ADDITIONAL ATTENDEES \$100 EACH.

Name	Email Address	Fee
1.		Comp
2.		Comp
3.		100.00
4.		100.00
5.		100.00
6.		100.00
	<b>TOTAL</b>	

### EXHIBIT HALL HOURS

Thursday, October 3  
Thursday, October 3  
Friday, October 4  
Saturday, October 5

7:00 a.m.-4:30 p.m. **SET-UP**  
5:00 p.m.-6:30 p.m. Exhibit Hall Reception  
8:00 a.m.-4:00 p.m. Open  
8:00 a.m.-2:00 p.m. Open  
BREAKDOWN AFTER 2:00

# Life's a Beach—Enjoy the Waves!

## OPTIONAL EVENTS

**Must have Name Badge & Tickets to participate in the following events:**

### **ATTENTION!**

**The Marriott has advised us that there will be a limited number of restaurants open for breakfast and lunch. We do not know if additional restaurants will be opened at a later date. Please consider this information when making your plans for the optional events below.**

**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 SAO must pay for the meals, including those not picked up. In addition, most hotels cannot and do not give leftover food to shelters. It is thrown away. Please help us not to be wasteful.

<u>EVENTS</u>	<u>DAY/TIME</u>	<u>FEE</u>	<u># TICKETS</u>	<u>TOTALS</u>
<b>Exhibit Hall Reception (Drink tickets)</b>	THURSDAY 5:00pm-6:30pm	2 per booth Complimentary	X ____ =	
<b>Opening Dinner</b>	THURSDAY 7:00pm-9:00pm	<b>\$35</b>	X ____ =	
<b>Continental Breakfast</b>	FRIDAY 7:00am-8:30am	2 per booth Complimentary	X ____ =	
<b>Sack Lunch</b>	FRIDAY 12:00pm-1:30pm	2 per booth Complimentary	X ____ =	
<b>Exhibit Hall Reception (Drink tickets)</b>	FRIDAY 5:00pm-7:00pm	2 per booth Complimentary	X ____ =	
<b>The Band of OZ --Concert on Pool Deck</b>	FRIDAY 7:00pm-10:00pm		<b>No ticket needed</b>	
<b>Continental Breakfast</b>	SATURDAY 7:00am-8:30am	2 per booth Complimentary	X ____ =	
<b>Sack Lunch</b>	SATURDAY 12:00pm-1:30pm	2 per booth Complimentary	X ____ =	
<b>Saturday Football</b>	SATURDAY 5:00pm-8:00pm	<b>\$10</b>	X ____ =	
<b>Giving Back: Donation To Low Country Food Bank (LCFB)</b> <b>A contribution will enter your name in a drawing for an awesome prize to be given away at the meeting.</b> <b>Suggestions- 1. Monetary-recommendation \$10</b> <b>2. Bring items listed on Page 3 in the Registration Brochure to the LCFB Donation Booth in the Marriott.</b>				
<b>OPTIONAL EVENTS TOTAL</b>				<b>\$</b>

### **FEE TOTALS**

**Page 1- Registration Fees** (if applicable)

= \_\_\_\_\_

**Page 2- Optional Events**

= \_\_\_\_\_

**Grand Total**

\$
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# 2013 SAO Housing Form

Marriott Resort & Spa, Hilton Head, SC

You must register for the SAO MEETING before securing hotel reservations.

Marriott Resort & Spa: Run of the House

\$205 per night + Tax

HOUSING CUT-OFF DATE: TUESDAY, SEPTEMBER 3

Check-in is 4:00 pm, check-out is 11:00 am. All rooms are non-smoking.

The hotel will try to honor all requests, but room types are Subject to Availability and assignment is at Hotel's discretion.

Room types: **Resort View** – overlooks the property and resort. **Ocean View** – view of the ocean from an angle and distance. **Ocean Front** – view of the ocean from inside the room. Limited number of each type and the number of connecting rooms is limited. For other types of accommodations (suites), please call the SAO office @ 1-800-261-5528.

**PLEASE NOTE:**

The SAO policy states that members will forfeit one night's deposit if the hotel reservation is cancelled less than 30 days before the meeting. Early departure AFTER check-in is subject to a \$75 fee.

Name: \_\_\_\_\_ Arrival Day/Date: \_\_\_\_\_ Depart Day/Date: \_\_\_\_\_

\_\_\_\_ Number of Additional Rooms Requested: Arrival Day/Date: \_\_\_\_\_ Depart Day/Date: \_\_\_\_\_

Check type room preferred: \_\_\_\_ Resort View \_\_\_\_ Ocean View \_\_\_\_ Ocean Front

**PLEASE REMEMBER ROOM PREFERENCE IS SUBJECT TO AVAILABILITY AT TIME OF CHECK-IN.**

Please list all room occupants and check type bed.

Room #1	Room #2	Room #3	Room #4
King ____ 2 Double Beds ____	King ____ 2 Double Beds ____	King ____ 2 Double Beds ____	King ____ 2 Double Beds ____
1	1	1	1
2	2	2	2

Special Requests: \_\_\_\_\_

## PAYMENT:

All Fees must be paid in US currency

Credit Card: \_\_\_\_ AMEX \_\_\_\_ MC \_\_\_\_ VISA Card #: \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Please print.) (Must be later than 10/13 for housing deposit.)

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

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

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

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

Housing: The credit card is used to hold the reservation only. No charge will be made unless the reservation is cancelled within the cancellation policy or the guest does not show up. Cancellations or changes of arrival and/or departure date must be confirmed no later than thirty days prior to your arrival date. Also, see PLEASE NOTE in box at top of this page.

## WAYS TO REGISTER:

1. **ONLINE at [www.saortho.org](http://www.saortho.org): Go to Meetings Page/Exhibitors**
2. **MAIL FORMS TO: SAO, 32 Lenox Pointe, Atlanta, GA 30324**  
(Send via certified mail to guarantee delivery.)
3. **FAX TO: (404) 261-6856** (Please contact SAO office to confirm receipt of forms.)

**Online Registrations for the Meeting are confirmed by email within 30 minutes. If you DO NOT receive a confirmation or have questions, please contact the SAO office to verify that your registration was completed. (800) or (404) 261-5528.**

**Mailed or faxed registrations will receive emailed confirmations within 1-2 weeks.**

**Housing Confirmations will be sent separately.**

**Please retain a copy of the Registration Forms for your records. The SAO can be responsible only for materials received.**

**CANCELLATION POLICY:** All refund requests must be in writing. Full refund, less a \$50 administrative fee, will be issued for cancellations received by August 19. A 50% refund, less the administrative fee, for requests made between August 20 and September 19. No refunds will be issued for cancellations received after September 19. Requests should be sent to the SAO office to [dcroker@saortho.org](mailto:dcroker@saortho.org) or faxed to (404) 261-6856. Refunds will be processed after the meeting.

### Important Emergency Contact Information

If you are not staying at the Marriott Resort & Spa, please give contact information to be used only in case of an emergency.

Place of Lodging \_\_\_\_\_ Arrival date \_\_\_\_\_ Departure date \_\_\_\_\_ Contact # \_\_\_\_\_

### Annual Session Disclaimer (\*REQUIRED)

In consideration of being allowed to participate in ticketed and complimentary events associated with the SAO Annual Meeting, the Southern Association of Orthodontists (SAO) and its authorized agents are hereby released from any damages caused or incurred in connection with these activities. The SAO does not review, approve of, or necessarily agree with, the topics, speakers and presentations set forth in this program. As such, by virtue of your attendance at this program, you acknowledge that any and all actions taken by you based upon such topics, speakers and presentations are undertaken by you at your own risk, and you further agree to hold the SAO and its authorized agents harmless from any and all liability in relation to the same, including attorney's fees, arising from, or in connection with, these activities.

In addition, I grant permission to all of the foregoing to use any photographs, motion pictures, or any other record of my participation in this event.

**\*Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**There will be no Lectures Friday & Saturday 11-2 as the meeting moves to the Exhibit Hall.**