



2024 Annual Meeting Registration Form

January 20 – 23, 2024

The Cloister

Sea Island, GA

First Name	Last Name	Degree
Specialty	ACOG ID Number	
Address		
City	State or Providence	Zip
Phone	Cell Phone (If different)	
Email (Required; for meeting correspondence)	Emergency Contact Name	Phone

SAAOG Membership Status:

- I am currently a member
 My application for membership has been submitted and is in process
 Please send me membership information/ Non-member

85th Annual Meeting January 20 - 23, 2024	SAAOG Member/ Invited Guest	Non- Member	Fellow- in- Training	Industry Representative
Attendee Registration <i>(Includes admission badge to General Sessions and Exhibit Hall)</i>	<input type="checkbox"/> \$650	<input type="checkbox"/> \$775	<input type="checkbox"/> \$200*	<input type="checkbox"/> \$950
Guest Registration <i>(Includes one guest badge for access to Welcome Reception and all food functions in Exhibit Hall)</i>	<input type="checkbox"/> \$115	<input type="checkbox"/> \$115	<input type="checkbox"/> \$115	N/A
Guest Name				
TOTAL	\$	\$	\$	\$
Social Functions				
Black Tie Dinner and Dance Sunday, January 21, 2024	<input type="checkbox"/> \$115	X ____ = \$ _____		
Presidential Luncheon Monday, January 22, 2024 <i>(If you are bringing a guest to this function, they must have a purchased Guest Pass)</i>	X ____ = \$0			

Registration Payment Methods:

Card Type: VISA MC AMEX Check (payable to SAAOG)

Name on Credit Card: _____

Credit Card #: _____ Expiration Date: _____

CVV Code: _____

Return completed forms to Bree Kolocheski at bkolocheski@saaog.org