

Joint Arthroplasty Mountain Meeting® (JAMM®)

presented by The Hip Society and The Knee Society

February 13–16, 2022 | Park City, UT

Canyons Village at Park City Mountain Resort, 4000 Canyons Resort Drive, Park City, UT 84098

REGISTRATION CATEGORY	FEE/EA	QTY	TOTAL
<input type="checkbox"/> Physicians <i>Registration is limited to 110 physicians!</i>	\$750		
<input type="checkbox"/> Allied Health	\$350		
<input type="checkbox"/> Resident/Fellow <i>(subject to verification)</i>	\$95		
<input type="checkbox"/> Industry <i>(non-exhibitors)</i>	\$650		
<input type="checkbox"/> Spouse/Guest <i>(all guests ages 6 and older require registration/badge if participating in planned meals or social events)</i>	Age 18+	\$150	
	Ages 6–18	\$50	
	Ages 5 & under	Free	

Note: JAMM will not offer onsite registration.

Please enter PRIMARY PARTICIPANT'S personal information exactly as you wish it to be printed on the identification badge:

First Name: _____ Last Name: _____ MD DO Other: _____

Practice/institution/company: _____

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Email: _____

PAYMENT INFORMATION

TOTAL Amount Due, as calculated above: \$ _____

Check in US funds made out to **The Hip Society** *(mailed to: 1515 E. Woodfield Rd, Suite 345 Schaumburg, IL 60173 USA)*

Credit card Visa MC AMEX

Card Number: _____ Expiration Date: _____ CVV Code: _____

Signature: _____

Registration fee is payable in full at the time of registration (the fee includes program attendance, program materials, breakfasts, refreshment breaks, and two receptions).

REGISTRATION OPTIONS

1) **Email** completed form to hip@hip-knee.org

2) **Mail** completed form (with check or credit card details) to:
The Hip Society, 1515 E. Woodfield Rd. Suite 345 Schaumburg, IL 60173

PRIMARY PARTICIPANT is accompanied by the following guest(s).

All guests ages 6 and older require registration/badge if participating in planned meals and/or social events.

GUEST 1	GUEST 2
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Age <i>(if under 21):</i> _____	Age <i>(if under 21):</i> _____

For additional guests, please attach details.

Please verify the following:

By submitting this form, I confirm that I authorize The Hip Society or The Knee Society to charge my credit card for the fee stated above.

All personal information will be kept confidential and used only for the purposes stated in this registration form.

I agree with the registration, refund, and cancellation policies as stated above.

By registering for, and attending this course, I agree that my photograph or video may be used by The Hip Society and/or The Knee Society in print and electronic communications, promotional and marketing materials, etc. related to current and/or future JAMM programs.

Questions? Call The Hip Society at 1-847-698-1638 or The Knee Society at 1-847-698-1632

DEADLINE TO REGISTER IS JANUARY 21, 2022. Your registration will remain risk-free if cancelled prior to the beginning of the course. No-shows will not receive a refund.

The novel coronavirus (SARS-CoV-2), causing the COVID-19 disease, has been declared a worldwide pandemic by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC).

The organizers of Joint Arthroplasty Mountain Meeting® (JAMM®) have put in place preventative measures in accordance with CDC, State, and local guidelines and best practices to help reduce the spread of coronavirus; however, we cannot guarantee that our participants, spouses or guests will not become infected.

AGREEMENT AND ELECTRONIC SIGNATURE

Each registered participant needs to complete and submit an electronic signature as a record that they have read and understood this Coronavirus COVID-19 Release and Waiver form.

I hereby confirm that I have read and understood the JAMM® – Coronavirus COVID-19 Release and Waiver.

By checking the box and entering my name as an electronic signature to this Waiver, I ACKNOWLEDGE the contagious nature of SARS-CoV-2 and VOLUNTARILY ASSUME THE RISK that I may be exposed to or infected by coronavirus by attending JAMM® events and that such exposure or infection may result in personal injury, illness, permanent disability, and death to myself, my spouse, my children, guests, unborn child, relatives, or others. I understand that the risk of becoming exposed to or infected by coronavirus at JAMM® may result from the actions, omissions, or negligence of myself or others, including, but not limited to, JAMM® organizers, their agents and employees, volunteers, and other participants.

I UNDERSTAND AND VOLUNTARILY ACCEPT AND ASSUME ALL The FOREGOING RISKS related to SARS-Cov-2 and accept sole responsibility for any injury or illness that may occur in connection with my attendance. I hereby release, covenant not to sue, discharge, and agree to indemnify, and hold harmless JAMM®, its organizers, employees, agents, and representatives, of and from any loss or claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

Further, I UNDERSTAND AND AGREE that this release includes any claims based on the actions, omissions, or negligence of JAMM®, its employees, agents, and representatives, whether a SARS-CoV-2 infection occurs before, during, or after participation in the JAMM® events, inclusive of my time to travel to and from such events.

TYPE YOUR FULL NAME (First, Middle, Last) and CREDENTIALS

SIGNATURE