



**NORTH CAROLINA  
FOOT & ANKLE SOCIETY**  
— PODIATRIC PHYSICIANS PROVIDING MEDICAL AND SURGICAL CARE —

# SUMMER MEETING



## **CHETOLA RESORT**

185 Chetola Lake Drive  
Blowing Rock NC 28605



## **FRIDAY - SUNDAY**

June 28-30, 2024



[www.ncfootandankle.org](http://www.ncfootandankle.org)



919-872-2224

**REGISTRATION  
INFORMATION**



**NORTH CAROLINA  
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**Summer Meeting • June 28-30, 2024  
Chetola Resort • Blowing Rock, North Carolina**

Please mark your calendar now to attend the 2024 Summer Meeting! This year's meeting will be held June 28-30 at the Chetola Resort in Blowing Rock, North Carolina.

Following is our draft schedule. We are finalizing our lecture schedule. We are offering 6.0 hours of continuing education.

**Friday, June 28, 2024**

7:30 am	Continental Breakfast
8:00 am – 1:00 pm	General Sessions
1:00 pm	Lunch for all attendees, sponsors, spouses, and guests
2:00 pm	Golf Outing
	Evening on your own!

**Saturday, June 29, 2024**

7:30 am	Continental Breakfast
8:00 am - 10:00 am	Board of Trustees and Membership Meeting
10:00 am	Sponsor Visitation with Attendees
10:30 am - 12:30 pm	General Sessions Continue
12:30 pm	Boxed Lunch for all attendees, sponsors, spouses, and guests
6:30 pm	Reception and Dinner

**Sunday, June 30, 2024**

9:00 am - 10:30 am	Brunch for all
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The Board of Trustees views the Summer Meeting as a membership perk. Only members and their guests are invited, but please let feel free to let me know if there is someone you'd like me to invite!

The golf outing is scheduled for Friday afternoon, while the evening reception and dinner function will take place on Saturday evening this year. Please indicate your interest on the registration form. If you have any dietary requirements, kindly so advise.

Contact the Chetola Resort directly for reservations by calling 828-295-5500. Reference NC Foot & Ankle Society Retreat 2024 when reserving:

One-bedroom Condo: \$317 plus taxes per night  
Two-bedroom Condo: \$402.00 plus taxes per night  
Three Bedroom Condo: \$467.00 plus taxes per night

Chetola Resort guests can enjoy a variety of indoor and outdoor activities to stay active and entertained. From the Highlands Sports and Recreation Center to Chetola Lake and the nearby hiking trails, there are options for everyone. Engage in invigorating fitness classes, tennis, pickleball, indoor swimming, lake adventures, lawn games, and many other activities suitable for all ages and skill levels. Visit [Chetola.com](http://Chetola.com) for additional information!

Please call the Society office with questions. We look forward to seeing you at in the mountains!

Jean U. Kirk, Executive Director  
919/872-2224  
[contact@ncfootandankle.org](mailto:contact@ncfootandankle.org)

**North Carolina Foot & Ankle Society**  
**Summer Meeting • June 28-30, 2024**  
**Chetola Resort • Blowing Rock, North Carolina**

Registration Form

Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Office Phone Number: (     ) \_\_\_\_\_

State/ZIP: \_\_\_\_\_ Fax Number: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Please provide the following information *for those attending*.

Name of Spouse/Guest: \_\_\_\_\_  
 Children Name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_  
 \_\_\_\_\_

	Registration	Fees Until 06/01/24	Fees After 06/02/24		Amount
<input type="checkbox"/>	Member (DPM)	\$225.00 each	\$250.00 each	=	\$ _____
<input type="checkbox"/>	Office Manager or Assistant (non-DPM)	\$125.00 each	\$150.00 each	=	\$ _____
<input type="checkbox"/>	Spouse, Guest, or Child (over age 12)	\$100.00 each	\$125.00 each	=	\$ _____
<input type="checkbox"/>	Child (ages 5-11)	\$50.00 each	\$50.00 each	=	\$ _____
<input type="checkbox"/>	Child (under 5)	\$0.00	\$0.00		
				TOTAL:	\$ _____

NOTES: Cancellation Policy: Requests for refunds will be allowed with notice given to the Society by June 1, 2024. A \$50.00 processing fee will be withheld. Cancellation policy applies to spouses, guests and children. Please let us know by June 1, 2024 if you or your family will not attend.

- I am interested in golfing on Saturday afternoon.
  - Enclosed is my check # \_\_\_\_\_ made payable to NCFAS.
  - Charge the amount to my: MasterCard Visa Discover American Express
- Card Number: \_\_\_\_\_ Exp \_\_\_\_\_ Sec Code \_\_\_\_\_
- Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For additional information, contact the Society office at (919) 872-2224

Please complete this form and return with your payment to:  
**North Carolina Foot & Ankle Society**  
**3733 Benson Drive**  
**Raleigh NC 27609**

If paying by credit card, please scan and email to [contact@ncfootandankle.org](mailto:contact@ncfootandankle.org).