

REGISTRATION FORM
AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS
49TH ANNUAL POSTGRADUATE SEMINAR
Red Rock Resort and Spa
Friday, Saturday, Sunday
May 1 – 3, 2009

Make your check payable and mail with this form to:

American Osteopathic Academy of Orthopedics
 Post Office Box 291690
 Davie, FL 33329-1690

BADGES ARE REQUIRED FOR ADMITTANCE TO ALL SEMINAR AREAS

Fee Schedule: (Please check appropriate category)

On-Site Registration will be open Friday and Saturday from 7:00 am to 4:00 pm, Sunday from 7:00 am to 12:00 pm

Registrations must be postmarked prior to April, 15 2009. After April 15, 2009, you must register on-site.

	Pre-registration	On-Site
<input type="checkbox"/> AOA Member	\$ 500.00	\$ 550.00
<input type="checkbox"/> AOA Life, Retired, and Disabled (No CME Credit)	\$ 100.00	\$ 125.00
<input type="checkbox"/> Non-Member Physician	\$1,000.00	\$1,050.00
<input type="checkbox"/> Allied Health Professional	\$ 100.00	\$ 125.00
<input type="checkbox"/> Non-Member Allied Health Professional	\$ 275.00	\$ 300.00
<input type="checkbox"/> Candidate Resident (No CME Credit)	\$ 100.00	\$ 125.00
<input type="checkbox"/> Non-Member Resident (No CME Credit)	\$ 250.00	\$ 275.00
<input type="checkbox"/> SAOAO Student Members (No CME Credit)	\$ 50.00	\$ 50.00
<input type="checkbox"/> Guest Badge (Exhibits, Luncheons and Cocktail Reception)	\$ 100.00	\$ 125.00

Total amount enclosed _____ (check only)

AOAO Tax I.D. #386073712

CREDIT CARD SERVICE IS NOT AVAILABLE
REGISTRATION CANNOT BE TAKEN OVER THE TELEPHONE

A service charge of \$25.00 will be withheld from all refunds.

Request for refunds must be made, in writing, no later than April 15, 2009.

PLEASE PRINT

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Telephone Number _____

AOA Number _____ Nickname for Badge _____

Name for Guest Badge(s) _____

Are you staying at the convention hotel: yes no If no, why not: _____

Sign-in will be required each day of the Seminar.

**CREDIT FOR THIS PROGRAM WILL ONLY BE GIVEN TO THOSE REGISTRANTS WHO COMPLETE
 AND RETURN THE PROGRAM EVALUATION FORM**

Check if ADA (Americans with Disabilities Act) accommodation is needed:

Please specify _____

If you have any questions, please call the AOA Office at 1-800-741-2626