

**PLEASE PRINT** 

# 61st Annual Spring Meeting

April 15-17, 2021 • Grand America Hotel • Salt Lake City, Utah

### **PROGRAM REGISTRATION FORM**

### EASY, CONVENIENT REGISTRATION ONLINE AT WWW.AOAO.ORG!

First Name:	Last Name:			Degree:			
Address:							
City:	State:Zip:						
*Email Address:	Phone Number ( Mobile Work):						
	Nickname for Badge:						
☐ Check if ADA (Americans with Disabiliti	es Act) accommo	dation is needed	d:				
Please specify:							
*All conference registration confirmati account to accept emails from societyl			vill be sent via email. Please make su	ire to set your	email		
Please indicate whether y Your registration will NO You must complete both	T be processe	d if you have	r □ virtually. not indicated whether you will attend	in person or vi	rtually.		
<b>Fee Schedule:</b> In person registration fees after the meeting. Virtual meeting participants those noted below, as well as session recording.	will have access	to the livestrear					
AOAO Member Registration	On or before Mar 18, 2021	After Mar 18, 2021	Non-Member Registration	On or before Mar 18, 2021	After Mar 18, 2021		
☐ Active Member/Military	\$550	\$650	☐ Non-Member Physician	\$900	\$950		
☐ Life/Retired/Disabled - No CME	\$100	\$125	☐ Non-Member Allied Health	\$275	\$325		
☐ Life/Retired/Disabled - With CME	\$375	\$400	☐ Non-Member Resident - No CME	\$250	\$275		
☐ Allied Health Professional	\$175	\$225	☐ Students - No CME	\$20	\$30		
☐ Candidate Resident - No CME	\$100	\$125					
☐ SAOAO Student Members - No CME	\$10	\$20					
Board Review Session - Saturday, April 1	7						
☐ Add the Board Review Session to My Registration ☐ Active Member \$200/\$250 • ☐ Residents \$100/\$150							
☐ Board Review Session ONLY ☐ Active Member \$200/\$250 • ☐ Residents \$100/\$150							
On-demand Content							
☐ See page 3 of this form for details ☐ \$250							
Guests and Other Events							
☐ Guest Badge (Exhibits, Meal Functions, and Exhibitors Reception)					\$175		
Names for Guest Badge(s):							
☐ I plan to attend the Exhibitors Cocktail Hour -	Thursday, April 15						
☐ I plan to attend the Program Directors Meeting - Saturday, April 17 (For Directors ONLY)							
☐ SAOAO half zippered pullover \$35 (includes s	shipping; allow 2 w	eeks for processir	ng) 🗆 S 🗆 M 🗆 L 🗆 XXL				
Total Amount Enclosed:							



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### **In-person Attendees**

For in person attendees, please check below whic	h sessions you plan to attend so we may allov	r for social distancing in the meeting	ig rooms.	
Thursday, April 15				
7:00-11:30 am	☐ Shoulder and Elbow Session	☐ General Session		
12:30-5:00 pm	☐ Sports Session	☐ Spine Session		
Friday, April 16				
7:00-11:30 am	☐ Trauma Session	☐ Pediatrics/Foot and Ankle	e Combined Session	
12:30-5:00 pm	☐ ARAS Session	☐ Hand Session		
Saturday, April 17				
7:00 am-4:45 pm	☐ Osteopathic Orthopedic Board Review Cours	se e		
<ul> <li>COVID-19 RELEASE &amp; HOLD HARMLESS event/meeting you acknowledge that there is ar personal contact. Such exposure carries with it guest(s) agree to release and hold harmless AC damages and liability resulting from exposure t regarding COVID-19 restrictions. Initial</li> <li>CROWD RELEASE: By registering and attendin perpetuity to use the images resulting from t images for publicity or other purposes to help a publications and in online publicity, social mediane.</li> </ul>	unknown risk of exposure to COVID-19 through a certain degree of risk that could result in illrown, its employees, officers, management come of COVID-19. Registrants/Attendees and guest (Required field)  Ting an American Osteopathic Academy of Orthine photography/video filming taken at the every achieve AOAO's mission. This might include (but the country of the co	agh exposure to contaminated object ness, disability or death. You and you pany (staff) and vendors from and is also warrant they are abiding by the propedics (AOAO) event/meeting you nt/meeting, and any reproductions but is not limited to), the right to us	cts, as well as through our accompanying against all claims of their state/locality laws u grant AOAO full rights or adaptations of the se them in AOAO's printed	
Payment Information  ☐ Personal Check (Payable to AOAO) ☐	VISA ☐ MasterCard	☐ AMEX	☐ Discover	
Card Number:		Expiration Date:		
	Credit Card Zip Code:Credit H in signature box on the back of VISA/MC or 4-digit # on front of AMEX card above the card #).			
CVV Security Code:( Signature:(	3-digit # in signature box on the back of VISA Printed Name on	/MC or 4-digit # on front of AMEX Card:	card above the card #).	
<b>Patund Policy:</b> Potunde for this course will be determ	ained on a case by case basis. Requests for refunds	must be submitted in writing to info@	)anan ora Plaaca allow two	

**Refund Policy:** Refunds for this course will be determined on a case by case basis. Requests for refunds must be submitted in writing to info@aoao.org.. Please allow two weeks for your registration to be processed and confirmation to be received.

AOAO Tax I.D. #386073712

Mail or fax this form to AOAO at: 2209 Dickens Road • Richmond, VA 23230-2005 • PHONE (804) 565-6370 • FAX (804) 282-0090



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#### **How will CME credit work?**

#### Accreditation

The American Osteopathic Academy of Orthopedics is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians.

The American Osteopathic Academy of Orthopedics designates this program for a maximum of 40.25 AOA Category 1-A credits and will report CME and specialty credits commensurate with the extent of the physician's participation in this activity.

#### **CME Breakdown**

Registrants who view/attend the lectures, board review and recorded content can claim 40.25 credits. Registrants will claim up to 24.25 total CME credits for hours spent viewing content for the meeting over the dates of April 15-17. Up to an additional 16.0 CME credits are available for on demand viewing for the educational sessions Thursday, April 15 and Friday, April 16 that you did not claim already. Because sessions are offered concurrently (at the same time), registrants will only be allowed to claim additional credit if (1) they select the fee on the registration form and (2) view the recorded content. Recorded on demand content will be available to all registrants, only those wishing to claim CME will pay the fee.

	THURSDAY, APR 15	FRIDAY, APR 16	SATURDAY, APR 17	ON-DEMAND CONTENT Available After the Meeting for a Fee
7:00-11:30 AM	11:30 AM GENERAL JOINT SESSION: FOOT/AN SESSION I & PEDIATRICS = 4.0 = 4.0		ORTHOPEDIC BOARD REVIEW COURSE = 8.25	4.0
	SHOULDER AND ELBOW SESSION = 4.0	TRAUMA SESSION = 4.0		4.0
12:30-5:00 PM	SPORTS SESSION = 4.0	ARAS SESSION = 4.0		4.0
	SPINE SESSION = 4.0	HAND SESSION = 4.0		4.0
TOTAL CME AVAILABLE/DAY	8.0/DAY	8.0/DAY	8.25/DAY	16.0/TOTAL