



# ANNUAL MEETING

OCTOBER 18-20, 2018 • THE HILTON ATLANTA

*Held simultaneously with the American College of Osteopathic Surgeons*

## REGISTRATION FORM

*Online registration is available at [www.aoao.org](http://www.aoao.org)*

**PLEASE PRINT**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Degree: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ Phone Number ( Home  Work): \_\_\_\_\_

AOA Number: \_\_\_\_\_ Nickname for Badge: \_\_\_\_\_

Are you in a fellowship?  Yes  No If yes, where? Location: \_\_\_\_\_ ACGME Accredited?  Yes  No

City: \_\_\_\_\_ State: \_\_\_\_\_ Specialty: \_\_\_\_\_ Year complete: \_\_\_\_\_

**All conference registration confirmations and important updates will be sent via email. Please make sure to set your email account to accept emails from [societyhq.com](http://societyhq.com) and [aoao.org](http://aoao.org).**

**Fee Schedule** (*Registration fee includes coffee breaks, continental breakfasts, lunches, receptions, and e-syllabus*)

| <b>AOAO Member Registration</b>  | On or before<br>9/27/18 | After<br>9/27/18 | <b>Non-Member Registration</b>  | On or before<br>9/27/18 | After<br>9/27/18 |
|--|-------------------------|------------------|---|-------------------------|------------------|
| <input type="checkbox"/> Active Member/Military                          | \$650                   | \$750            | <input type="checkbox"/> Non-Member Physician                             | \$1,050                 | \$1,150          |
| <input type="checkbox"/> Life/Retired/Disabled - No CME                  | \$150                   | \$175            | <input type="checkbox"/> Non-Member Allied Health                         | \$275                   | \$325            |
| <input type="checkbox"/> Life/Retired/Disabled - With CME                | \$450                   | \$475            | <input type="checkbox"/> Non-Member Resident/Fellowship Training - No CME | \$425                   | \$475            |
| <input type="checkbox"/> Associate - With CME                            | \$650                   | \$750            | <input type="checkbox"/> Students - No CME                                | \$20                    | \$30             |
| <input type="checkbox"/> Allied Health Professional                      | \$175                   | \$225            |   |                         |                  |
| <input type="checkbox"/> Candidate Resident/Fellowship Training - No CME | \$225                   | \$275            |   |                         |                  |
| <input type="checkbox"/> SAOAO Student Members - No CME                  | \$10                    | \$20             |   |                         |                  |
| <input type="checkbox"/> Guest Badge (Exhibits, Lunches and Receptions)  |                         |                  |   | \$150                   | \$200            |
| Names for Guest Badge(s): _____  |                         |                  |   |                         |                  |

**CO\*RE REMS Session - Thu, October 18, 2018, 7:00 am**

Check here if you plan to attend. Pre-registration required. No Fee.

**Exhibitor Reception - Thu, October 18, 2018, 6:00 pm**

Check here if you plan to attend. No Fee.

**AOAO Foundation Fundraising Dinner - Thu, October 18, 2018, 7:00 pm**

Check here if you plan to attend. \$200 per person. # Tickets \_\_\_\_\_

**Awards Cocktail Reception - Fri, October 19, 2018, 5:30 pm**

Check here if you plan to attend. No Fee.

**Program Directors Breakfast - Sat, October 20, 2018, 7:30 am**

Check here if you plan to attend. Directors only. No Fee.

**TOTAL AMOUNT ENCLOSED:\$** \_\_\_\_\_

Personal Check (Payable to AOA)     VISA     MasterCard     AMEX     Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Credit Card Zip Code: \_\_\_\_\_

CVV Security Code: \_\_\_\_\_ (3-digit # in signature box on the back of VISA/MC or 4-digit # on front of AMEX card above the card #).

Signature: \_\_\_\_\_ Printed Name on Card: \_\_\_\_\_

**Refund Policy:** A full refund through September 27, 2018; 80% refund from September 28 – October 5, 2018 less a \$25 service charge; no refunds after October 5, 2018. Refunds will be determined by date written request is received by the headquarters office. 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 AOA at: 2209 Dickens Road • Richmond, VA 23230-2005 • PHONE (804) 565-6370 • FAX (804) 282-0090