



59th

ANNUAL SPRING MEETING

April 12-14, 2019 • Disney's Yacht and Beach Club Resorts • Lake Buena Vista, FL

PROGRAM REGISTRATION FORM

**EASY, CONVENIENT REGISTRATION
ONLINE AT 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: _____

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

Please specify: _____

***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 and aoao.org.**

Fee Schedule: Registration fee includes coffee breaks, continental breakfasts, lunch, and the cocktail reception.

AOAO Member Registration	On or before Mar 29, 2019	After Mar 29, 2019	Non-Member Registration	On or before Mar 29, 2019	After Mar 29, 2019
<input type="checkbox"/> Active Member/Military	\$550	\$650	<input type="checkbox"/> Non-Member Physician	\$1,050	\$1,150
<input type="checkbox"/> Life/Retired/Disabled - No CME	\$100	\$125	<input type="checkbox"/> Non-Member Allied Health	\$275	\$325
<input type="checkbox"/> Life/Retired/Disabled - With CME	\$375	\$400	<input type="checkbox"/> Non-Member Resident - No CME	\$250	\$275
<input type="checkbox"/> Allied Health Professional	\$175	\$225	<input type="checkbox"/> Students - No CME	\$20	\$30
<input type="checkbox"/> Candidate Resident - No CME	\$100	\$125			
<input type="checkbox"/> SAOAO Student Members - No CME	\$10	\$20			
<input type="checkbox"/> Guest Badge (Exhibits, Meal Functions, and Exhibitors Reception)				\$150	\$175
Names for Guest Badge(s): _____					
<input type="checkbox"/> I plan to attend the Exhibitors Reception - Friday, April 12, at 5:30 pm					
<input type="checkbox"/> I plan to attend the Program Directors Breakfast - Saturday, April 13, at 7:00 am (For Directors ONLY)					
<input type="checkbox"/> I plan to attend the Board Review Session - Sunday, April 14, at 7:30 am					

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 March 29, 2019; 80% refund from March 30 – April 7, 2019 less a \$25 service charge; no refunds after April 7, 2019. 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