



2020 Virtual Fall Meeting

OCTOBER 24-25, 2020

REGISTRATION FORM

Online registration is available at www.aoao.org

PLEASE PRINT

First Name: _____ Last Name: _____ Degree: _____

Address: _____

City: _____ State: _____ Zip: _____

*Email Address: _____ Phone Number (Home Work): _____

AOA Number: _____

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 access to all conference recordings and live activities, available through the Mobile Meeting Guide.)

AOAO Member Registration		Non-Member Registration	
<input type="checkbox"/> Active Member/Military/ <input type="checkbox"/> Transitional	\$475	<input type="checkbox"/> Non-Member Physician	\$825
<input type="checkbox"/> Life/Retired/Disabled - No CME	\$75	<input type="checkbox"/> Non-Member Allied Health	\$175
<input type="checkbox"/> Life/Retired/Disabled - With CME	\$100	<input type="checkbox"/> Non-Member Resident/Fellowship Training - No CME	\$220
<input type="checkbox"/> Associate - With CME	\$475	<input type="checkbox"/> Students - No CME	\$20
<input type="checkbox"/> Allied Health Professional	\$75		
<input type="checkbox"/> Candidate Resident/Fellowship Training - No CME	\$100		
<input type="checkbox"/> SAOAO Student Members - No CME	\$10		

The following events, along with the pre-recorded lectures, are included with registration. Please check the live sessions in which you plan to participate. Times shown are Eastern Standard Time.

Saturday, October 24	Sunday, October 25
<input type="checkbox"/> 10:00-11:00 am ET Hand Session	<input type="checkbox"/> 11:00-11:15 AM ET..... General Session I
<input type="checkbox"/> 11:00 am-12:00 pm ET Shoulder/Elbow Session	<input type="checkbox"/> 11:20 AM -12:05 PM Live: Navigating Your Practice Through COVID-19
<input type="checkbox"/> 12:00-1:00 pm ET Pediatric Session	<input type="checkbox"/> 12:05-1:05 PM..... General Session II
<input type="checkbox"/> 1:00-2:00 pm ET Spine Session	
<input type="checkbox"/> 2:00-3:00 pm ET Foot and Ankle Session	
<input type="checkbox"/> 3:00-4:00 pm ET Adult Recon Session	
<input type="checkbox"/> 4:00-5:00 pm ET Trauma Session	
<input type="checkbox"/> 5:00-6:00 pm ET Sports Session	

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: 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. AOA 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