

American Osteopathic Academy of Sports Medicine - REGISTRATION FORM

25th Annual Clinical Conference • April 13-17, 2010 • Doubletree Hotel Anaheim/Orange County • Anaheim, California

Please complete this registration form – type or print legibly. One form must be filled out for each registrant and payment must accompany the registration form. Registration by telephone will not be accepted. The deadline for pre-registration is **March 31, 2010**. After that time, plan to register at the meeting site. Register by March 17 in order to save money! (Please keep a copy of this form for your records.)

Registration Information

First Name: _____

Last Name: _____

Degree(s): _____ Board Certification(s): _____

Job Title: _____ Place of Employment: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Is this address: Business? Home?

Daytime Phone: (_____) _____

Fax Number: (_____) _____

E-Mail Address: _____

Badge Information (type or print legibly)

This is how your badge will read. Please print clearly and complete only those lines that are different from the "Registration Information" above.

First Name or Nickname: _____

Full Name: _____

Place of Employment: _____

City: _____ State: _____

General Information

Medical College: _____ Year Graduated: _____

AOA Number: _____

Are you a member of the AOASM? Yes No


Special dietary requests: _____

Please provide the following information in case of emergency:

Emergency Contact Name: _____

Daytime Phone: (_____) _____

Evening Phone: (_____) _____

Please check if you need special assistance and an AOASM staff member will contact you shortly. 

Registration

On or Before 3/17/10 After 3/17/10

AOASM Member	<input type="checkbox"/> \$415	<input type="checkbox"/> \$465
Non-member	<input type="checkbox"/> \$495	<input type="checkbox"/> \$545
Resident/Intern/Fellow*	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Allied Health Professional (ATC, PA, PT, etc.)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
Student	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120
Retired	<input type="checkbox"/> \$207.50	<input type="checkbox"/> \$257.50

*A Fellow is a member currently participating in a sports medicine fellowship.

One-Day Registration Fee \$250 \$250
Which Day? Wednesday Thursday Friday Saturday

Student One-Day Registration Fee \$60 \$60
Which Day? Wednesday Thursday Friday Saturday

Pre-Conference Workshop Registration

This workshop is available at a separate fee. Please be sure to include the appropriate payment. *Limited to 24 participants.

Workshop: Musculoskeletal Ultrasound: Expert Training for Physicians and Sonographers. Program workshop lead by: Dr. Tom Clark and Dr. Paul Tortland

Tuesday, April 13, 2010 • 8:00 a.m.-5:30 p.m.

Pre-conference registration will be open at 7:00 a.m. on Tuesday, April 13, 2010.

Pre-conference Workshop Registration Fee: \$495**

Your Registration Fee includes:

- Continental breakfast
- Refreshment breaks
- Workshop publications and materials
- 8 AMA Certified MSKUS CME credits
- 7.5 AOA Category 1-A CME credits*

*Approval for the number of credit hours from the AOA is currently pending.

**Register on or before 3/31 to receive the \$495 registration fee and save money. Register after 3/31 and the registration fee will be \$595.

Continuing Education Credits

AOASM has requested that the AOA Council on Continuing Medical Education approve this program up to 32.0 hours of AOA Category 1-A CME credits (this includes 2.0 hours of CME credit for visiting all exhibit booths). Approval is currently pending. Register for continuing education credits by checking ALL of the applicable boxes below:

Yes, I would like to receive Continuing Medical Education (CME) credit hours.

Yes, I would like to receive Continuing Medical Education (CME) Specialty credit hours if applicable to my specialty.

Primary Specialty: _____

Yes, I would like to receive Board of Certification (BOC) credit hours for the continuing education of certified athletic trainers.

Please note: You will receive a credit reporting form when you pick up your registration materials onsite and you will be responsible for completing and returning this form to the AOASM registration desk prior to the end of the conference.

Support-a-Student Fund

The AOASM understands the importance of student members and has asked physician members for contributions to cover the \$100 registration fee of this conference. This contribution will support students who present posters or provide a similar presentation during the conference, demonstrating his or her interest and initiative in the field of osteopathic sports medicine.

Yes, I would like to contribute \$_____ to the Support-a-Student Fund. (optional)

Syllabus

Printed Syllabus: \$35 (CD Format is provided at no charge.)

Yes, I wish to receive a printed Syllabus at a cost of \$35.

Registration Form continued on back →

Name: _____

Breakout Workshops Registration

Breakout Workshops will be offered on Wednesday, April 14 and Thursday, April 15. (All Breakout sessions are limited to 30 participants each session, except the Hands-On Introduction to Ultrasound Guided Injections, which are limited to 20 participants per session.)

OMM/OMT Breakout Workshops

Wednesday, April 14 • 1:00 p.m. - 5:30 p.m.

(Please indicate your 1st, 2nd & 3rd preferences.)

1:00 p.m. - 2:25 p.m.

- Breakout Session 1: OMT and Supplement Consideration for Runners
- Breakout Session 2: An Osteopathic Approach to Common Injuries of the Adolescent Athlete
- Breakout Session 3: Hands-On Introduction to Ultrasound Guided Injections

2:30 p.m. - 3:55 p.m.

- Breakout Session 4: OMT and Supplement Consideration for Runners
- Breakout Session 5: An Osteopathic Approach to Common Injuries of the Adolescent Athlete
- Breakout Session 6: Hands-On Introduction to Ultrasound Guided Injections

4:00 p.m. - 5:30 p.m.

- Breakout Session 7: OMT and Supplement Consideration for Runners
- Breakout Session 8: An Osteopathic Approach to Common Injuries of the Adolescent Athlete
- Breakout Session 9: Hands-On Introduction to Ultrasound Guided Injections

Thursday, April 15 • 4:30 p.m. - 6:30 p.m.

(Please indicate your 1st & 2nd preferences.)

4:30 p.m. - 5:25 p.m.

- Breakout Session 10: Functional Strength Training for Olympic Athletes
- Breakout Session 11: Straight to the Core (Exercise Techniques)
- Breakout Session 12: Hands-On Introduction to Ultrasound Guided Injections

5:30 p.m. - 6:30 p.m.

- Breakout Session 13: Functional Strength Training for Olympic Athletes
- Breakout Session 14: Straight to the Core (Exercise Techniques)
- Breakout Session 15: Hands-On Introduction to Ultrasound Guided Injections

Optional Events

— Rusty Wright Lecture/Luncheon

Thursday, April 15, 2010 • 12:15 p.m. - 1:30 p.m.

Number of tickets: _____ @ \$35 each = _____

— Award of Fellow Celebration

Thursday, April 15, 2010 • 7:30 p.m. - 9:30 p.m.

Number of tickets: _____ @ \$45 each = _____

— AOASM 5K Fun Run (no charge)

Friday, April 16, 2010 • 5:15 a.m. - 7:30 a.m.

*Meet in the hotel lobby at 5:15 a.m. to check-in with event staff and board the bus.

Number of runners participating _____

Name(s): _____

— Ocean Experience: Stand-Up Paddle Surfing at Huntington Beach Harbor

Friday, April 16, 2010 • 1:00 p.m. - 6:00 p.m.

Registration deadline: Wednesday, March 31, 2010.

*Minimum 10 participants, but limited to 50 participants due to space availability.

The class will be provided by Ocean Experience, Inc. and Indo Board Balance Trainers. **Registration Fee: \$250** – Includes: transportation, boxed lunch with beverage, full lesson plan for all levels and all equipment required for the day such as wetsuits, surf boards and paddles. (No experience in surfing necessary.) Please plan to arrive in the hotel lobby at 1:00 p.m. to check-in with event staff and board the bus.

Number of participants _____ @ \$250 each = _____

— ESPN Zone (AOASM "on your own" social gathering)

Friday, April 16, 2010 • 6:00 p.m. - 9:00 p.m.

*Limited to 40 participants.

**Beverages and food at your own expense.

Number of sports fans attending: _____

Fees

Pre-Conference Workshop Registration Fee	\$ _____
Conference Registration Fee	\$ _____
Support-a-Student Registration Contribution	\$ _____
Printed Syllabus (\$35 each)	\$ _____
Rusty Wright Lecture/Luncheon (\$35 each)	\$ _____
Award of Fellow Celebration (\$45 each)	\$ _____
Ocean Experience (\$250 each)	\$ _____
Total	\$ _____

Payment

Check a payment method and enclose your payment for registration fees, as well as any optional events in which you wish to participate.

Check
(made payable in U.S. funds, drawn on a U.S. bank to AOASM)

Mastercard Visa

Card Number: _____

Exp. Date: _____

Signature: _____

Print Name: _____

Mail or fax this 2-page form and fees to:

AOASM
2810 Crossroads Drive, Suite 3800
Madison, WI 53718-7961 USA

Please note:

After **March 26, 2010**, our new address will be:

**2424 American Lane
Madison, WI 53704-3102 USA**

Phone: +1-608-443-2477

Fax: +1-608-443-2474

E-Mail: aoasm@reesgroupinc.com

Website: <http://www.aoasm.org>