American Osteopathic Academy of Sports Medicine • Registration Form

28th Annual Clinical Conference • The Broadmoor • Colorado Springs, CO • March 6-9, 2013

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 Friday, February 22. After that time, plan to register at the meeting site. Register by February 8 in order to save money!

Contact Information
First Name:
Last Name:
Credential(s)
Place of Employment:
Mailing Address:
City:
State/Province:
Zip:
Is this address: □ Business □ Home
Daytime Phone:
Fax Number:
E-Mail Address: (Your registration confirmation will be sent via email to this e-mail address.)
Badge Information
Complete only those lines that are different from the "Contact Information" above.
First Name or Nickname:
Full Name:
Place of Employment:
City:
State:
General Information
☐ Check here and list any special dietary restrictions:
☐ Check if you need special assistance and an AOASM staff member will contact you
Are you interested in serving on an AOASM committee? ☐ Yes ☐ No
Are you a Conference Speaker? ☐ Yes ☐ No
Which Day? ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday
☐ Check here if you do NOT wish to be listed in the attendee directory.
☐ Check here if you wish to OPT in and be listed in the attendee directory for the 2013 exhibitors.
Please provide the following information in case of emergency:
Emergency Contact Name:
Daytime Phone: ()
Evening Phone: ()

Registration

	On or Before 2/8/13	After 2/8/13
AOASM Physician Member	□ \$415	□ \$465
Non-Member (Physician)	□ \$495	□ \$545
Resident	□ \$100	□ \$150
Fellow*	□ \$100	□ \$150
Allied Health Professionals (ATC, PA, PT, etc.)	□ \$200	□ \$250
Student	□ \$100	□ \$120
Retired	□ \$208	□ \$258

^{*}A Fellow is a member currently participating in a sports medicine Fellowship.

One-Day Conference Registration Fee:

	On or Before 2/8/13	After 2/8/13
Physician/Allied Health Professionals	□ \$250	□ \$275
Student/Resident/Fellow	□ \$60	□ \$75
Which Day? ☐ Wednesday ☐ Thursday ☐	Friday 🗖 Saturday	

Pre-Conference Workshop Registration*

The beginner and advance workshops are available at a separate fee. *Space is limited to 40 participants per workshop.

	On or Before 2/8/13	After 2/8/13
Beginner Musculoskeletal Ultrasound Worksho	р 🗇 \$250	□ \$350
Advance Musculoskeletal Ultrasound Workshop	□ \$475	3 \$575

Continuing Education Credits

BOC Number:

AOASM has requested that the AOA Council on Continuing Medical Education approve the pre-conference workshop program up to 12.0 hours of AOA Category 1-A CME credits and approve the annual clinical conference up to 27.75 hours of AOA Category 1-A CME credits. (Approval is currently pending.)

Register for continuing education credits by checking ALL of the applicable boxes below:

the pre-conference workshop(s) and/or the annual clinical conference. AOA Number:
☐ 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.

☐ CME and BOC credits are not included in the cost of student/resident/fellow registration fees. If you'd like to receive AOA or BOC credits, please include an additional \$25 with your registration.

Please note: You will receive a credit reporting form when you pick up your registration materials on site and you will be responsible for completing and returning this form to

the AOASM registration desk prior to the end of the conference.

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Breakout Session Registration	Optional Events	
Sessions will be offered on Thursday, March 7 and Friday, March 8	Student/Resident/Fellow Luncheon (no charge)+ Wednesday, March 6: 12:45 p.m1:45 p.m.	
<u>Thursday, March 7: 3:00 p.m.–5:15 p.m.</u> (Please indicate your breakout session preferences below.)	+By invitation only. ☐ I will be attending the Student/Resident/Fellow Lun	cheon
3:00 p.m.–3:45 p.m. Session 1: Casting & Bracing Workshop Session 2: MSK Ultrasound Basic Exposure Session 3: OMT Workshop	Rusty M. Wright Memorial Lecture & Luncheon Thursday, March 7: 1:15 p.m.–2:30 p.m. Number of tickets: X \$10 each =	
	Award of Fellow Luncheon Friday, March 8: 1:00 p.m.–2:45 p.m.	
3:45 p.m.–4:30 p.m.	Number of tickets X \$20 each =	
Session 4: Casting & Bracing Workshop	11000 7	
Session 5: MSK Ultrasound Basic Exposure Session 6: OMT Workshop	USOC Tour & Shuttle Service (no charge for paid atte Friday, March 8: 3:00 p.m.– 6:00 p.m. -Maximum of 70 participants available to register for t I will be attending the USOC Tour	,
4:30 p.m.–5:15 p.m.	Number of Guest tickets X \$15 each =	
Session 7: Casting & Bracing Workshop Session 8: MSK Ultrasound Basic Exposure Session 9: OMT Workshop	AOASM 5K Fun Run (no charge) Friday, March 8:,6:00 a.m7:00 a.m.* *Meet in hotel lobby at 5:45 a.m. Number of runners participating	
Friday, March 8: 3:15 p.m.–5:30 p.m. (Please indicate your breakout session preferences below.)	Name(s):	
3:15 p.m.–4:00 p.m.		
Session 10: Battlefield Acupuncture	Fees	
Session 11: OMM Workshop	Pre-Conference Workshop Registration Fee	\$
Session 12: SCAT 2 and Balance Testing in Concussion Management	Annual Clinical Conference Registration Fee	\$
4:00 p.m.–4:45 p.m.	Support-a-Student Registration (\$100 each)	\$
Session 13: Battlefield Acupuncture	Contribution to the AOASM Sports Medicine Foundation	\$
Session 14: OMM Workshop	Rusty M. Wright Lecture & Luncheon (\$10 each)	\$
Session 15: SCAT 2 and Balance Testing in Concussion Management	Award of Fellow Luncheon (\$20 each)	\$
4:45 p.m.–5:30 p.m.	USOC Tour Guest Ticket (\$15 each)	\$
4.45 p.m.=5.50 p.m. Session 16: Battlefield Acupuncture	Student/Resident/Fellow CE Credits (\$25)	\$
Session 17: OMM Workshop Session 18: SCAT 2 and Balance Testing in Concussion Management	Total Enclosed:	\$
	Payment	
Support-a-Student	Check a payment method and enclose your payment.	
Support-a-student	☐ Check (made payable in U.S. funds, drawn on a U.S. bank to AOASM)	
Contribution to support a Student Registration Scholarship (optional)	☐ Mastercard ☐ Visa	
\$100 each student x # of student(s) = total	Card Number:	
	Exp. Date:	
Contribution	Signature:	
Optional Tax-Deductible Contribution to the AOASM Sports Medicine Foundation:	Print Name:	
□ \$50 □ \$100 □ \$250 □ Other: \$		
	Submittion Information	

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

2424 American Lane, Madison, WI 53704 USA

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E-Mail: info@aoasm.org • Website: http://www.aoasm.org