

# ADVANCED REGISTRATION

AMERICAN OSTEOPATHIC ASSOCIATION  
 OMED 2012 – Osteopathic Medical Conference & Exposition  
**OCT. 7-11 | SAN DIEGO**



AOA No. _____		Preferred Name for Badge _____
Name _____	Degree _____	Credit Card (Check one) AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/>
Address _____		Credit Card No. _____
City/State/Zip _____		Expiration Date _____
Telephone _____		Name on Card _____
Email _____		Signature of Cardholder _____
Fax _____	Check here if paying by check <input type="checkbox"/>	
First AOA Convention? Yes <input type="checkbox"/> No <input type="checkbox"/>	AOA Member: Yes <input type="checkbox"/> No <input type="checkbox"/>	

### PRACTICE GROUPS – SECTION 1

If you register here, do not register in Section 2  
 (Multiple selections permitted here for DOs only)

### DO & OTHER CATEGORIES – SECTION 2

If you register here, do not register in Section 1  
 (No practice registration in this section)

Only registrants in sections 1 and 2, excluding guests, will receive a ticket to the opening reception.

AOA MEMBERS /\$595	Guest / \$50.00	Registrant	Fee
<input type="checkbox"/> Academy of Osteopathy (AAO)	\$595*	<input type="checkbox"/> AOA Member (AOA)	\$595*
<input type="checkbox"/> Addiction Medicine (AM)	\$595*	<input type="checkbox"/> AOA Nonmember (NM)	\$695*
<input type="checkbox"/> Allergy and Immunology (AI)	\$595*	<input type="checkbox"/> Non DO (MD, PhD, etc) (NDO)	\$695*
<input type="checkbox"/> Dermatology (DER)	\$595*	<input type="checkbox"/> Advocates with ticket (ADV)	\$50*
<input type="checkbox"/> Family Physicians (FP)	\$595*	<input type="checkbox"/> Guest with ticket (GAOA)	\$50*
<input type="checkbox"/> Medical Informatics (MI)	\$595*	<input type="checkbox"/> Retired (RET)	\$150*
<input type="checkbox"/> Neurologists & Psychiatrists (NP)	\$595*	<input type="checkbox"/> Associate Member (ASM)	\$100*
<input type="checkbox"/> Occupational & Preventive Med (OPM)	\$595*	<input type="checkbox"/> American Osteopathic Foundation (AOF)	\$100*
<input type="checkbox"/> Pathology (PTH)	\$595*	<input type="checkbox"/> National Assn of Osteopathic Foundns (NAOF)	\$100*
<input type="checkbox"/> Pediatricians (PED)	\$595*	<input type="checkbox"/> Practice Manager	\$100*
<input type="checkbox"/> Physical Med/Rehabilitation (PMR)	\$595*	<input type="checkbox"/> Physician Assistant/Nurse Practitioner (PA)	\$595*
<input type="checkbox"/> Prolotherapy Regenerative Medicine (PRO)	\$595*	<input type="checkbox"/> Research Conference (RC) •	\$150*
<input type="checkbox"/> Rheumatic Diseases (RH)	\$595*	• <b>Research registrants seeking CME credit MUST pay the full AOA registration fee</b>	
X Sports Medicine ( )	\$595*	<input type="checkbox"/> Sunday Only – AOA Member (ODM)	\$150*
		<input type="checkbox"/> Sunday Only – Non-Member (ODN)	\$225*
<b>SECTION 3</b>			
<b>NO FEE CATEGORIES (NO CME)</b>			
<input type="checkbox"/> STUDENT (S)	\$0.00	<input type="checkbox"/> Advocates-NO ticket (ADV N)	\$0.00
<input type="checkbox"/> INTERN (I)	\$0.00	<input type="checkbox"/> Guest NO ticket (AG)	\$0.00
<input type="checkbox"/> RESIDENT/FELLOW (R)	\$0.00	<input type="checkbox"/> Exhibits Only (EO)	\$0.00
<input type="checkbox"/> Association of Osteopathic State Exec Directors (OSED)	\$0.00		

**GUEST NAMES:** (Guests without payment are automatically registered as a "No Fee" guest)

(1) \_\_\_\_\_ (3) \_\_\_\_\_  
 (2) \_\_\_\_\_ (4) \_\_\_\_\_

### KEY TO SYMBOLS FOR TICKETS

\* Ticket for one person to attend the Welcome Reception

**Total Fee \$** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	Check No. _____	Credit Card _____	Amount Received _____	Date _____
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Check box if you do NOT want to receive promotions of any kind

# ONSITE REGISTRATION INSTRUCTIONS

## THOSE WHO MAY REGISTER

- Members of the American Osteopathic Association, their adult guests and children. Other guests as indicated under Section 2 of the Registration Form.
- Osteopathic physicians who are NOT members of the AOA may register, but are required to pay an advance registration fee of **\$695. THIS FEE MUST BE PAID BY NONMEMBERS IN ORDER TO REQUEST A CME LETTER CERTIFYING CREDITS.**

## HOW TO SELECT THE APPROPRIATE REGISTRATION CATEGORY

Check **APPROPRIATE** categories on the registration form – Register in Section 1 OR Section 2. The “Practice Group Categories” (Section 1) are for those who choose to register in a specialty category. **If you desire to register with more than one participating practice affiliated organization**, you may do so. Please indicate your **PRIMARY CHOICE**. Your name will appear on the attendance roster of each practice organization selected. The “AOA Categories” (Section 2) are for those who register **without** a practice designation.

**Regardless of the registration category selected, registrants are entitled to attend ANY of the didactic sessions planned by ANY of the participating organizations.** Although membership in a participating affiliated organization is not a requirement to register for the practice group, AOA membership is a requirement for registration in ANY of the practice categories listed.

## CONTACT AOA

### AOA Convention Office:

142 E. Ontario St., Chicago, IL 60611-2864

Phone: (800) 621-1773 ext. 8256

Email: [convention@osteopathic.org](mailto:convention@osteopathic.org) (not for registration)

## SPECIAL NEEDS

*If you have any special needs, please advise us as soon as possible.*

## CANCELLATIONS

A full refund will be issued if the cancellation request is received in the AOA Convention Office no later than **Friday, Oct. 5, 2012.**

**Cancellations must be submitted IN WRITING via email to [convention@osteopathic.org](mailto:convention@osteopathic.org) OR by mail to:**

**AOA Convention Office, 142 E. Ontario St., Chicago, IL 60611-2864.**

## THREE EASY PAYMENT OPTIONS

### BY MAIL

To: AOA Convention Registration  
PO Box 4088, Fredrick, MD 21705

Make check payable to: AMERICAN OSTEOPATHIC ASSOCIATION

### BY FAX

(301) 694-5124

### ONLINE

[www.osteopathic.org/OMED](http://www.osteopathic.org/OMED)

Advance Registration material will be mailed out prior to the conference. Advance registration forms must be **RECEIVED NO LATER THAN THURSDAY, AUG. 30, 2012. Registrations received after this date will be processed at the regular registration rate.**

The regular registration rate will have an additional \$100.00 added to the super saver registration fee.

## PARTICIPATING PRACTICE GROUPS

American **Academy of Osteopathy**

American Osteopathic **Academy of Addiction Medicine**

American Osteopathic College of **Allergy and Immunology**

American Osteopathic College of **Dermatology**

American College of Osteopathic **Family Physicians**

American Osteopathic Association of **Medical Informatics**

American College of Osteopathic **Neurologists and Psychiatrists**

American Osteopathic College of **Occupational and Preventive Medicine**

American Osteopathic College of **Pathologists**

American College of Osteopathic **Pediatricians**

American Osteopathic College of **Physical Medicine and Rehabilitation**

American Osteopathic Association of **Prolotherapy Regenerative Medicine**

American Osteopathic Society for **Rheumatic Diseases**

American Osteopathic Academy of **Sports Medicine**

## GUESTS

In addition to checking your category, check the category for your guests. Remember, name(s) must be provided in order to receive a BADGE. The member's registration fee does NOT include tickets for guests. Guests are to be registered either by paying a fee and receiving a ticket to the opening reception, or by NOT paying a fee and NOT receiving a ticket (“No Fee Guest”).

If the member's guest is to receive a ticket, check the guest with ticket category and pay the appropriate fee. Registrants may purchase tickets for social functions.

Doctors cannot register osteopathic students as guests. Such students must register individually.

## TICKETS COVERED BY REGISTRATION FEE

The fees shown on the registration form are followed by symbols to indicate the tickets, which are covered by the fee. To interpret these symbols, see “Key to Symbols.”



AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS

142 E. Ontario St., Chicago, IL 60611-2864  
Phone: (312) 202-8256