OMED® 15 | 2015 OSTEOPATHIC MEDICAL CONFERENCE & EXPOSITION

Registration form

Name _____ Designation: DO ☐ MD ☐ PhD ☐ Other _____

Address _____

City/State/Zip _____

Telephone _____

Email _____

AOA# _____

First OMED?	Yes ☐ No ☐
Update information in the AOA Member Record?	Yes ☐ No ☐
Would you like this information shared with your Specialty College?	Yes ☐ No ☐
Would you like this information shared with your Alumni Organization?	Yes ☐ No ☐

Credit Card (*Check one*)
AMEX ☐ DISCOVER ☐ MASTERCARD ☐ VISA ☐

Credit Card No. _____

Expiration Date _____

Name on Card _____

Signature of Cardholder _____

PROMO CODE _____

REGISTRATION CATEGORY

	ADVANCED Before August 20	LATE/ONSITE
☐ AOA Member (AOA)	695	795
☐ Specialty College _____ (Must be AOA Member) (Designate up to 4 Specialties)	695	795
☐ AOA Non Member (NM)	795	895
☐ Speaker* (AOA Member) (SP) _____ (Please indicate your session/track)	347.50	397.50
☐ Speaker* (AOA Non Member) (SP) _____ (Please indicate your session/track)	397.50	447.50
☐ Associate Member/Practice Manager (ASM)	200	200
☐ Non-DO (MD, PhD) (NDO)	795	895
☐ One Day Member (ODM) (Check one) Sat ☐ Sun ☐ Mon ☐ Tue ☐	350	450
☐ One Day Non Member (ODN) (Check one) Sat ☐ Sun ☐ Mon ☐ Tue ☐	450	550
☐ Physicians Assistant (PA)	695	795
☐ Retired AOA Member (RET)	250	250
☐ Intern (I)	250	250
☐ Resident (R)	250	250
☐ Student (S)	100	100
☐ State Executive Director (OSED)	100	100
☐ Guest (GAOA)	100	150
☐ Advocates (ADV)	100	150
☐ Child 13 and under (CH)	0	0

* Speakers must include the promo code provided by their Specialty College or Program Chair to receive the discounted rate.

CME CREDITS

Some OMED session are dually accredited, please indicate which type of CME credits you need:

☐ AOA Category 1A Credit

☐ AMA PRA Category 1 Credit™

☐ None

GUEST / CHILD NAMES

1. _____
2. _____
3. _____
4. _____

EMERGENCY CONTACT INFORMATION

Name _____

Phone _____

ASSISTANCE

Pursuant with the Americans with Disabilities Act, I require specific aids or service at the event location.

Please indicate type of need(s):

☐ Audio ☐ Visual ☐ Mobile ☐ _____ Please specify

DIETARY RESTRICTIONS

☐ Vegan

☐ Vegetarian

☐ Kosher

☐ Gluten-Free

☐ Allergies _____ Please specify

☐ Other _____ Please specify

HOW TO SELECT THE APPROPRIATE REGISTRATION CATEGORY

Check APPROPRIATE categories on the registration form - The Specialty College Categories are for those who chose to register in a specialty category. **Registrants may select up to four specialty categories.** Please indicate your PRIMARY CHOICE. Your name will appear on the attendance roster of **each** practice organization selected. The other categories 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 a practice group, AOA membership is a requirement for registration in ANY of the practice categories listed.

PARTICIPATING SPECIALTY GROUPS:

American Academy of **Osteopathy**
American Osteopathic Academy of **Addiction Medicine**
American Osteopathic College of **Allergy and Immunology**
American College of Osteopathic **Family Physicians**
American College of Osteopathic **Internists**
American Osteopathic Association of **Medical Informatics**
American College of Osteopathic **Neurologists and Psychiatrists**
American Osteopathic College of **Occupational & 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 College for **Rheumatic Diseases**
American Osteopathic Academy of **Sports Medicine**

GUESTS AND CHILDREN

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 Welcome Reception admission for guests.** All guests and children MUST be registered and have a badge to attend any portion of OMED, including the Exhibit Hall and Receptions. Children 13 and under receive complementary registration and may attend the Welcome Reception. Medical Students may not be registered as guests.

WELCOME RECEPTION ADMISSION

All registration categories include admission for one to the Welcome Reception, with the exception of Exhibitor Guest Passes and Sunday-Tuesday One-Day Registrations. Attendee badge **must** be presented for admission.

FOUR WAYS TO REGISTER:

ONLINE
www.osteopathic.org/omed

FAX
301-694-5124

PHONE
Toll Free (Domestic) 800-310-7554

MAIL
AOA Convention Registration
5202 President's Court, Ste. 310
Frederick, MD 21703
Checks payable to: American Osteopathic Association

CANCELLATIONS

A full refund will be issued if the cancellation request is received by Thursday, September 17, 2015. Cancellation requests must be made in writing and may be sent to **AOAAttendee@Experient-Inc.com** or faxed to (301) 694-5124 by Thursday, September 17, 2015. After September 17, 2015 a $50 administrative fee will be deducted from the refund amount.

CONTACT AOA:

Phone: (800) 621-1773 ext. 8256
Email: convention@osteopathic.org