REGISTRATION FORM

Full Name			
Preferred Name on Badge		**AOA Number**	
Mailing Address			
City		**State**	**Zip**
Work Ph.	( )	**Cell Phone**	( )
Home Ph.	( )	**E-Mail Address**	
Medical Specialty/Subspecialty			
Preferred Name of Spouse/Guest on Badge			
Emergency Contact			
Relation		**Telephone**	( )

NOTE: TO COMPLETE THE FORM BELOW, ENTER ALL REGISTRATION FEES FROM OPPOSITE SIDE. SEE REGISTRATION INFORMATION SHEET FOR COMPLETE EXPLANATION OF PROGRAMS AND FEES.

REGISTRATION PAYMENT

REGISTRATION.....$_____

SPOUSE REGISTRATION.....$_____

***GAF (Generational Advancement Fund):** ACOI provides each resident and student in attendance with a medical textbook. The College also provides grants to medical students via their campus internal medicine clubs. Suggested Donation:

☐$1000 ☐$500 ☐$250 ☐$200 ☐$150 ☐$125 ☐$100 ☐$50 ☐Other.....$_____

**Your donation to GAF may qualify as a tax deductible charitable contribution.*

ACOI is a 501(c)(3) organization and no goods or services are provided in return for the contribution. A separate receipt will be provided for your records.

TOTAL FEES ENCLOSED.....$_____

Payment Method	☐ Check to ACOI ☐ MasterCard ☐ VISA ☐ AMX	**Credit Card Security #**	
Credit Card Number		**Credit Card Exp. Date**	
Name on Card		**Signature**	

☐ **CHECK HERE IF BILLING ADDRESS IS SAME AS MAILING ADDRESS LISTED ABOVE. IF NOT, PLEASE PROVIDE BELOW**

Billing Address			
City		**State**	**Zip**

NOTE: All registrations must be accompanied by a check for payment in full or appropriate credit card information. A processing fee of $100 will be charged for cancellations received at any time. In order to obtain a refund, written cancellations must be received by September 21, 2020. No refunds will be made after that date, but registration fees may be applied to a future ACOI education activity.

OVER...More registration information on reverse side. Both sides must be completed for form to be processed.
You may also register online at www.acoi.org

ACOI CONVENTION REGISTRATION FORM

Please complete **all** areas on **both sides** of registration form. Payment must accompany all registrations. PLEASE PRINT CLEARLY!

Name_____AOA Number_____

REGISTRATION FEES

REGISTRATION CATEGORY (please check appropriate box(es))	**ON/BEFORE SEPT 21**	**AFTER SEPT 21**
☐ ACOI Member (Training completed PRIOR to 6/30/2015)	$795	$845
☐ ACOI Young Internist Member (Training completed AFTER 7/01/2015)	$645	$695
☐ ACOI Retired/Emeritus Member	$645	$695
☐ Non-Member Physician	$995	$1045
☐ Resident/Fellow (List Training Institution)	$295	$345
☐ Resident/Fellow Displaying a Poster (List Training Institution)	$195	$245
☐ Student (List Osteopathic College attended)	N/C	N/C
☐ Non-Physician Health Care Professional (RN, PhD, RD, etc.)	$795	$845
☐ Spouse/Guest Registration	$125	$175

☐ **SPECIAL NEEDS:** In accordance with the Americans with Disabilities Act, every effort has been made to make this conference and activities accessible to people of all capabilities. Please list specific special assistance needed or contact Susan Stacy at susan@acoi.org.

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OVER...More registration information on reverse side. Both sides must be completed for form to be processed.
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