ACOEM Course Registration Form
July 28-29, 2018; Rosemont, IL
Register Online at www.acoem.org

Please print:

Name (First MI Last): _____

Degree: _____ Nickname (for badge): _____

Employer name: _____

Address (The address to which you would like your syllabus shipped, if applicable -- no P.O. boxes): _____

_____

City: _____ State/Province: _____ Postal Code: _____

Country (if outside of U.S.): _____ Area code and telephone: _____

Email address: _____

Detail here if you require special services, including dietary restrictions or food allergies: _____

I will attend the following course:

☐ **Musculoskeletal Exam and Treatment Techniques: July 28-29 in Rosemont, IL**

Registration on or before June 28, 2018:

- ☐ ACOEM Member: $795
- ☐ Non-member: $995
- ☐ Resident/Retired/Student Member: $445

Registration after June 28:

- ☐ ACOEM Member: $895
- ☐ Non-member: $1095
- ☐ Resident/Retired/Student Member: $545

☐ **Medical Review Officer: July 28-29 in Rosemont, IL**

Registration on or before June 28, 2018:

- ☐ ACOEM Member: $795
- ☐ Non-member: $995
- ☐ Resident/Retired/Student Member: $445

Registration after June 28:

- ☐ ACOEM Member: $895
- ☐ Non-member: $1095
- ☐ Resident/Retired/Student Member: $545

Total Due: _____

Cancellation Policy

Cancellation requests must be received in writing at least four weeks before the first day of the course. A refund will be issued minus an administrative fee of $50, plus $95 for the course syllabus (if already shipped; the syllabus is not returnable). No refunds will be issued for cancellation requests received fewer than four weeks before the first day of the course. Requests to change from one course to another must be received in writing at least four weeks before the first day of the course. Accommodations to these requests will be made on a space-available basis. Notification by phone will not be accepted for cancellations or changes.

☐ I have read and understand the Cancellation Policy.

Payment

☐ Check enclosed, payable to ACOEM (US dollars only) ☐ American Express ☐ Discover ☐ MasterCard ☐ VISA

Credit card #: _____ Exp. Date: _____

Name on card (please print): _____

Signature:_____

Return this form with payment to:

Check: ACOEM Lockbox; PO Box 1205; Bedford Park, IL 60499-1205
Credit Card: Fax to ACOEM at 847/818-9265; email to educationinfo@acoem.org

Registrations received without payment will not be processed. Please contact 847/818-1800, ext. 1374 or educationinfo@acoem.org with any questions.