

AROC 2018

ATLANTIC REGIONAL OSTEOPATHIC CONVENTION

MEMBERSHIP REGISTRATION

AROC is hosted annually by the New Jersey Association of Osteopathic Physicians and Surgeons (NJAOPS). Founded in 1901, NJAOPS is a member-supported professional medical association that represents the interests of over 5,000 osteopathic physicians, residents, interns and medical students in the state.



HOTEL RATE INFORMATION:

Mon.-Thur.: \$89.00

Friday: \$169.00

Discount Code:
"AROC"

Golden Nugget Reservations:

1-800-777-8477

AROC Information:

732-940-9000

AROC Registration:

Fax: 732-940-8899

PROGRAM HIGHLIGHTS

Wednesday

MOST REQUESTED! Adolescent Health and Behavior – How to help teenagers and their parents deal with anxiety and depression.

Thursday

The National Sleep Foundation presents a Managing Sleep Health program with national and regional experts.

Sign up for a hands-on learning experience by attending one of 5 Clinical Workshops

Friday

New! Mock State Board Inspection: An Interactive Experience — Learn about liability issues and how to manage risk when the courtroom comes to AROC.

Fulfill needed CME requirements with sessions that focus on state mandates like child abuse, opioid prescribing alternatives, and more.

Saturday

Are you licensed in the state of Florida? This half-day session brings you up to date with Florida Laws and How to Prevent Medical Errors.

All this and so much more at AROC 2018!

KEYNOTE SPEAKER

Marlene M. Maheu, PhD

Founder and Executive Director of the Telebehavioral Health Institute Telemedicine is here to stay and it's growing. In 2016, 15 million Americans received some kind of medical care remotely. Learn how to navigate the ups and downs of telemedicine from one of the nation's foremost experts. Telehealth Certification Course offered on Thursday



April 25-28, 2018 | Golden Nugget, Atlantic City

AROC 2018

ATTENDEE REGISTRATION FORM

AROC Information: 732-940-9000
AROC Registration Fax: 732-940-8899

Golden Nugget Reservations:
1-800-777-8477 • Code: AROC

Please print clearly if you mail or fax this form. Complete program and registration information is available online at www.AROC.org.

AOA (DOs) #: _____ Medical School: _____ Year of Graduation: _____
Name: _____ Specialty: _____

Office Information

Practice Name: _____
Street Address: _____
City, State, ZIP: _____
Office Phone: _____
Office Email: _____

Preferred Contact Information (If different from office)

Address: _____
City, State, ZIP: _____
Preferred Phone: _____
Preferred Email: _____

Badges are *required* for accompanying guests (including children of any age) for exhibit hall entry and breakfast and lunch Wednesday and Thursday. First and last names of guests (i.e. spouse, children, etc. @ \$50 each): _____

Registration Type (Check one)

Membership in state associations is verified prior to AROC.

	Postmarked by		After
	January 31	March 31	March 31
☐ DO or MD Active/Associate Member in respective state society (state: _____)	___ \$495	___ \$545	___ \$595
☐ Active 1st year Member ☐ DO Retired Member ☐ DO Life Member	___ \$295	___ \$345	___ \$395
☐ Fellow Member ☐ Resident Member ☐ Intern Member (Out of State)	___ \$150	___ \$150	___ \$175
☐ Fellow Member ☐ Resident Member ☐ Intern Member ☐ Student Member*	___ \$0	___ \$0	___ \$0
☐ DO Applying for 2018 NJAOPS Membership **	\$___	\$___	\$___
☐ Non-member DO or MD	___ \$770	___ \$820	___ \$870
☐ Advanced Practice Nurse ☐ Physician Assistant	___ \$495	___ \$545	___ \$595
☐ Medical Practice Manager (with a registered attendee)	___ \$0	___ \$0	___ \$0

Notes: NJAOPS dues must be paid by 12/31/17. *One-day registration **For a complete list of registration/membership rates, please visit www.njosteo.com and click on the AROC 2018 Registration tab. Includes 2018 dues for nonmembers since 2015.

Friends of the Foundation

Thursday, April 26 at 6:30 p.m. (Tickets not included in registration).
Tickets @ \$50 ea. (students @ \$25 ea.): ___ @ \$50 ___ @ \$25

Registration Totals

Registration Fee \$ _____
Guest Badge Fee (Includes spouse/children @ \$50 each) \$ _____
Friends of the Foundation Tickets \$ _____
AROC 2017 Exhibit Card Completion Discount - \$ _____
NJAOPS County Society Member Discount - \$ _____
NJACFP Member Discount - \$ _____
TOTAL: \$ _____

Registration Payment Method

☐ Check (made payable to NJAOPS) Check #: _____
☐ American Express ☐ MasterCard ☐ Visa ☐ Discover
Credit Card #: _____
Expiration Date: _____ CVV# (required): _____
Billing Address: _____
City, State, ZIP: _____
Signature: _____

Mail or fax completed registration to: AROC • One Distribution Way • Suite 201 • Monmouth Junction, NJ 08852 • (FAX) 732-940-8899

Cancellation Policy: Requests for cancellation refunds must be postmarked by March 31, 2018.