Registration Form

2 ways to save! Register by Jan. 11 or by Feb. 22. After Feb. 22 you must register onsite and prices will be higher.

THE ACADEMY AAOP

Mail to The Academy, c/o ExpoTrac, PO Box 1280, Woonsocket, RI 02895, or fax to (401) 765-6677. One registration per form.

Create. Innovate. Deliver.
CHICAGO
March 4-7, 2020
46th Academy Annual Meeting & Scientific Symposium

BADGE INFORMATION

Please type or print legibly. Provide information as you would like it to appear on your badge.

First Name_____ MI _____ Last Name _____

Nickname _____ Job Title _____ Credentials _____

Company/Educational Institution _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____ Email _____ Is email your preferred contact method? ☐ YES ☐ NO

SPECIAL REQUIREMENTS (Including dietary restrictions) _____

Emergency Contact:_____ Phone: _____ Relationship _____

REQUIRED for continuing education credit tracking ☐☐☐☐ – ☐☐☐☐ C – ☐☐☐☐☐

ABC CERT TYPE | ABC I.D. NUMBER | BOC CERT TYPE | BOC I.D. NUMBER

RIBBON INFORMATION *check all that apply:*

- ☐ Lower-Limb Prosthetics Society (LP)
- ☐ Spinal Orthotics Society (SO)
- ☐ Craniofacial Society (CF)
- ☐ Lower-Limb Orthotics Society (LO)
- ☐ Fabrication Sciences Society (FS)
- ☐ Upper-Limb Prosthetics Society (UP)
- ☐ Gait Society (GA)
- ☐ CAD/CAM Society (CC)
- ☐ Behavioral Sciences Society (BS)
- ☐ Past President (PP)
- ☐ Fellow with Distinction (FD)
- ☐ Fellow of the Academy (FE)
- ☐ Chapter President (CP)
- ☐ Speaker (SP)
- ☐ *JPO* Reviewer (JR)
- ☐ *JPO* Editorial Board Member (JB)

REGISTRATION FEES

Academy membership must be current or dues must accompany registration in order to be eligible for member rates.

Select the appropriate category below:

							PRE–REGISTRATION Received by Jan. 11	REGISTRATION Received Jan. 12 – Feb. 22
Full Conference–Member	☐ Academy Active ☐ Professional ☐ International Affiliate						$580 ☐	$650 ☐
***Full Conference–Member**	☐ Resident ☐ Affiliate ☐ Emeritus ☐ Spouse ☐ Honorary						$270 ☐	$295 ☐
Full Conference–Nonmember							$995 ☐	$1,250 ☐
Full Conference–Nonmember	☐ *Resident ☐ Technician ☐ Pedorthist ☐ Fitter ☐ Assistant						$360 ☐	$460 ☐
***Student**							$95 ☐	$95 ☐
***Exhibitor Full Conference**–Two complimentary exhibitor registration included per table/booth.							☐	☐
***Incubator Exhibitor**–One complimentary exhibitor registration per table.							☐	☐
***Additional Exhibitor**							$340 ☐	$340 ☐
Single Day	Academy member	☐ Wed 3/4	☐ Thur3/5	☐ Fri 3/6	☐ Sat 3/7	Rates Are Per Day	$300 ☐	$300 ☐
	Nonmember	☐ Wed 3/4	☐ Thur 3/5	☐ Fri 3/6	☐ Sat 3/7		$450 ☐	$450 ☐
Exhibit Hall Only	☐Thur 3/5 $205	☐ Fri 3/6 $205	☐ Sat 3/7 $155				$_____	$_____

PARTICIPANT INFORMATION

What is your purchasing authority?

- ☐ Full decision-making authority
- ☐ Joint decision-making autority
- ☐ Advisory role
- ☐ Not involved in purchasing
- ☐ Other

Job Function - *check all that apply:*

- ☐ Orthotist
- ☐ Prosthetist
- ☐ Pedorthist
- ☐ Technician
- ☐ Fitter
- ☐ Physical Therapist/Occupational Therapist
- ☐ First-Time Attendee
- ☐ Student
- ☐ Resident
- ☐ Owner
- ☐ Other

☐ **I would like to apply for Academy membership. Please contact me.**

By registering for this meeting, you acknowledge that you have read and agree to abide by the Academy's Meeting & Conferences Code of Conduct and consent to photographs and/or videos of you being taken at the event without compensation for the promotion of Academy-sponsored events and services.

***Exhibitors, students, and residents registering to earn credit, please refer to the registration instructions. Questions? Contact the Academy via phone at (202) 380-3663 or via email at info@oandp.org.**

Visit academyannualmeeting.org for complete registration details and instructions including the Academy's Meeting & Conferences Code of Conduct.

OPTIONAL FUNCTIONS AND SPECIAL EVENTS

☐ Academy Member Business Meeting (for Academy members only)	no additional charge
☐ First Timers Meet-Up (Thur 3/5)	no additional charge
☐ Additional Welcome Reception Tickets (WR)	#_____ @ $50 = $_____
☐ Hands-On Session (AFO Alignment)	$50
☐ Hands-On Session (Transtibial Prosthesis)	$50

PAYMENT

(Payment must accompany this form.)

☐ Check payable to AAOP # _____

☐ AmEx ☐ Visa ☐ MasterCard

REGISTRATION TOTAL $_____

SPECIAL EVENTS TOTAL $_____

TOTAL AMOUNT DUE $_____

Card No. _____ Exp. Date _____

Print Cardholder Name _____ CVV# _____

Cardholder's Address (if different from above)_____

City _____ State _____ Zip _____

Signature _____

Fax credit card payments to (401) 765-6677. To ensure security, credit card companies now require a billing address to process your registration. The cancellation policy can be found at academyannualmeeting.org/registration under "Registration Instructions."