



58th

POSTGRADUATE SEMINAR

May 4-6, 2018 • Terranea Oceanfront Resort • Rancho Palos Verdes, CA

PROGRAM REGISTRATION FORM

EASY, CONVENIENT REGISTRATION ONLINE AT WWW.AOAO.ORG!

Participants will sign in only once when they pick up their registration packets.

PLEASE PRINT

First Name: _____ Last Name: _____ Degree: _____

Address: _____

City: _____ State: _____ Zip: _____

*Email Address: _____ Phone Number (Home Work): _____

AOA Number: _____ Nickname for Badge: _____

Check if ADA (Americans with Disabilities Act) accommodation is needed:

Please specify: _____

***All conference registration confirmations and important updates will be sent via email. Please make sure to set your email account to accept emails from societyhq.com and aoao.org.**

Fee Schedule: Registration fee includes coffee breaks, continental breakfasts, lunch, and the cocktail reception.

AOAO Member Registration	On or before Apr. 13, 2018	After Apr. 13, 2018	Non-Member Registration	On or before Apr. 13, 2018	After Apr. 13, 2018
<input type="checkbox"/> Active Member/Military	\$550	\$650	<input type="checkbox"/> Non-Member Physician	\$1,050	\$1,150
<input type="checkbox"/> Life/Retired/Disabled - No CME	\$100	\$125	<input type="checkbox"/> Non-Member Allied Health	\$275	\$325
<input type="checkbox"/> Life/Retired/Disabled - With CME	\$375	\$400	<input type="checkbox"/> Non-Member Resident - No CME	\$250	\$275
<input type="checkbox"/> Allied Health Professional	\$175	\$225	<input type="checkbox"/> Students - No CME	\$20	\$30
<input type="checkbox"/> Candidate Resident - No CME	\$100	\$125			
<input type="checkbox"/> SAOAO Student Members - No CME	\$10	\$20			
<input type="checkbox"/> ARAS Fireside Chat, Friday, May 4 from 6:30-8:00 pm, limited to 40 participants (includes refreshments)				COMPLIMENTARY	
<input type="checkbox"/> Guest Badge (Exhibits, Meal Functions, and Cocktail Reception)				\$150	\$175

Names for Guest Badge(s): _____

Personal Check (Payable to AOA) VISA MasterCard AMEX Discover

Card Number: _____ Expiration Date: _____

Credit Card Billing Address: _____ Credit Card Zip Code: _____

CVV Security Code: _____ (3-digit # in signature box on the back of VISA/MC or 4-digit # on front of AMEX card above the card #).

Signature: _____ Printed Name on Card: _____

Refund Policy: A full refund through April 13, 2018; 80% refund from April 13 – April 20, 2018 less a \$25 service charge; no refunds after April 20, 2018. Refunds will be determined by date written request is received by the headquarters office. Please allow two weeks for your registration to be processed and confirmation to be received. **AOAO Tax I.D. #386073712**