



58<sup>th</sup>

# 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			

Guest Badge (Exhibits, Meal Functions, and Cocktail Reception) \$150 \$175

Names for Guest Badge(s): \_\_\_\_\_

**Total Amount Enclosed:** \_\_\_\_\_

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**

Mail or fax this form to AOA at: 2209 Dickens Road • Richmond, VA 23230-2005 • PHONE (804) 565-6370 • FAX (804) 282-0090