



2021 Annual Fall Meeting

OCTOBER 28-30 • Omni Louisville • Louisville, KY

REGISTRATION FORM

PLEASE PRINT

Online registration is available at www.aao.org

First Name: _____ Last Name: _____ Degree: _____

Address: _____

City: _____ State: _____ Zip: _____

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

AOA Number: _____

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 aao.org.

On demand content will be made available after the meeting. In an effort to assist those who are unable to travel but still need CME credit, a limited on-demand registration option for four (4) session recordings will be made available after the meeting dates for up to a total of 16 CME credits. If you plan to attend in person, please complete both pages of this form. Registration for on demand content will be made available after October 30.

Fee Schedule

In person registration fees include coffee breaks, breakfasts, lunches, receptions as well as access to (4) additional session recordings, available on demand after the meeting for up to 36.5 total CME/CE credits.

AOAO Member Registration	On or before 10/7/21	After 10/7/21	Non-Member Registration	On or before 10/7/21	After 10/7/21
<input type="checkbox"/> Active Member/Military/ <input type="checkbox"/> Transitional	\$650	\$750	<input type="checkbox"/> Non-Member Physician	\$1,150	\$1,250
<input type="checkbox"/> Life/Retired/Disabled - No CME	\$150	\$175	<input type="checkbox"/> Non-Member Allied Health (PA, NP, RN)	\$650	\$750
<input type="checkbox"/> Life/Retired/Disabled - With CME	\$450	\$475	<input type="checkbox"/> Students - No CME	\$30	\$40
<input type="checkbox"/> Allied Health Professional (PA, NP, RN)	\$450	\$550			
<input type="checkbox"/> Candidate Resident/Fellowship Training - No CME	FREE	\$100			
<input type="checkbox"/> SAOAO Student Members - No CME	\$20	\$30			

Guests and Other Events

Guest Badge (Breakfasts, Lunches, Exhibits and Receptions) \$150 \$200

Guest Name(s): _____

I plan to attend the Exhibitors Cocktail Hour: Thursday, October 28 @ 5:00 p.m.

I plan to attend the Awards Reception: Friday, October 29 @ 5:30 p.m.

Program Directors Meeting (Directors Only) - Saturday, October 30 @ 8:00-10:00 a.m.

Please list any food allergies: _____

TOTAL AMOUNT ENCLOSED: \$ _____



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REGISTRATION FORM, PAGE 2

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By submitting this registration, I affirm I have read and agree to the following terms:

- COVID-19 RELEASE & HOLD HARMLESS AGREEMENT: By registering and attending an American Osteopathic Academy of Orthopedics (AOAO) event/meeting you acknowledge that there is an unknown risk of exposure to COVID-19 through exposure to contaminated objects, as well as through personal contact. Such exposure carries with it a certain degree of risk that could result in illness, disability or death. You and your accompanying guest(s) agree to release and hold harmless AOA, its employees, officers, management company (staff) and vendors from and against all claims of damages and liability resulting from exposure to COVID-19. Registrants/Attendees and guests also warrant they are abiding by their state/locality laws regarding COVID-19 restrictions. Initial _____ (Required field)
- CROWD RELEASE: By registering and attending an American Osteopathic Academy of Orthopedics (AOAO) event/meeting you grant AOA full rights in perpetuity to use the images resulting from the photography/video filming taken at the event/meeting, and any reproductions or adaptations of the images for publicity or other purposes to help achieve AOA's mission. This might include (but is not limited to), the right to use them in AOA's printed publications and in online publicity, social media, and live streaming. I agree. YES initial _____ NO initial _____ (Required field)

Payment Information

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: Refunds for this meeting will be determined by the date the written request is received by the headquarters office. A \$25 administrative fee will apply to approved cancellations. In lieu of a refund, in person registrants may request changing to virtual participation with limited access to CME with no penalty. Any in person registrant who fails to check in with registration will be considered a no-show and automatically given limited virtual access to meeting content.

Please allow up to two weeks for your registration to be processed and confirmation to be received. **AOAO Tax I.D. #386073712**

Americans with Disabilities Act: AOA has fully complied with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of accessible accommodations, please contact AOA at (804) 565-6370 for assistance.

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