

2022	C	AA to
2022 Annual	Sorung	Neeung)

IN PERSON • April 28-30, 2022 • Omni La Costa • Carlsbad, California

On Demand registration is available only online.

PROGRAM REGISTRATION FORM *EASY, CONVENIENT REGISTRATION ONLINE AT WWW.A0A0.ORG!*

PLEASE PRINT

First Name: Address: City: *Email Address:

AOA Number:

Last Name:

Degree:

State: Zip: Phone Number (Mobile Work): 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: In person registration fees include coffee breaks, breakfasts, lunches, and the cocktail hour as well as access to session recordings after the meeting. On demand participants will have access to 16 credits for on demand recordings through the Mobile Meeting Guide after the meeting.

AOAO Member Registration	On or before Apr. 7, 2022	After Apr. 7, 2022	Non-Member Registration	On or before Apr. 7, 2022	After Apr. 7, 2022		
Active Member/Military	\$550	\$650	Non-Member Physician - With CME	\$900	\$950		
Life/Retired/Disabled - No CME	\$100	\$125	Non-Member Allied Health - With CME	\$600	\$700		
Life/Retired/Disabled - With CME	\$375	\$400	Students - No CME	\$30	\$40		
Allied Health Professional - With CME	\$400	\$500					
Candidate Resident - No CME	FREE	\$100					
SAOAO Student Members - No CME	\$20	\$30					
AOAO Sports/Shoulder Skills Lab – Friday, April 29, 2022 – Additional pricing as noted below							
AOAO Member Physician	\$450	\$550	AOAO Member Physician Lab Only	\$650	\$750		
Non-member Physician	\$550	\$650	Non-Member Physician Lab Only	\$795	\$895		
Guests and Other Events							
Guest Badge (Exhibits, Meal Functions, and Exhibitors Reception)			\$150	\$175			
Names for Guest Badge(s):							
I plan to attend the Exhibitors Cocktail Hour -	Thursday, April 28	, 5:00-6:00 pm —	Included				
I plan to attend the Program Directors Meetin	g (Program Directo	rs only), Saturday	, April 30, 8:00 am-10:00 am – Included				
I plan to attend the Faculty Development Course (Residency Program Faculty Only), Saturday, April 30, 10:00 am-2:00 pm – Included							
I plan to attend the Adult Reconstruction Robotic Systems Workshop – Friday, April 29, 7:00 am-11 :00 am; Attendance is limited. Pre-registration required – Included							

Total Amount Enclosed:





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

• <u>COVID-19 RELEASE & HOLD HARMLESS AGREEMENT</u>: 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 AOAO, 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)

• <u>CROWD RELEASE</u>: By registering and attending an American Osteopathic Academy of Orthopedics (AOAO) event/meeting you grant AOAO 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 AOAO's mission. This might include (but is not limited to), the right to use them in AOAO's printed publications and in online publicity, social media, and live streaming. I agree. YES initial NO initial (Required field)

• <u>VACCINATION REQUEST</u>: By registering and attending in-person at the AOAO Annual Spring Meeting, you agree to being either fully vaccinated for COVID-19 or with having a negative test result for COVID-19 using either molecular/PCR or antigen/"rapid" testing at least 72 hours prior to arrival at the meeting. Please <u>click here</u> for more information about our health and safety protocols. Initial (Required field)

Payment Information

Personal Check (Payable to AOAO)	VISA	MasterCard	AMEX	Discover
Card Number:			Expiration D	ate:
Credit Card Billng 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 Carc	l:	

Refund Policy: Refunds for this meeting will be determined by the date the written request is received by the headquarters office. Requests for refunds submitted in writing by April 7, 2022 will receive a full refund, less a \$25 administrative fee. Requests submitted in writing between April 8 and April 21 will receive 80% refund, less a \$25 administrative fee. No refunds available after April 21, 2022.

AOAO Tax I.D. #386073712

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