



63rd Annual Spring Meeting

IN PERSON ONLY

April 20-22, 2023 • Omni Nashville • Nashville, TN

Easy, convenient online registration available at <https://www.aoao.org/meetings/spring/>

PROGRAM REGISTRATION FORM

PLEASE PRINT

First Name: _____ Last Name: _____ Degree: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 *Email Address: _____ Phone Number (Mobile Work): _____
 AOA Number: _____ Nickname for Badge: _____
 Twitter: _____ Instagram: _____

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.

AOAO Member Registration	On or before	After	Non-Member Registration	On or before	After
	Mar 28, 2023	Mar 28, 2023		Mar 28, 2023	Mar 28, 2023
Active Member/Military/Transitional	\$625	\$725	Non-Member Physician - With CME	\$925	\$975
Associate Member	\$625	\$725	Non-Member Allied Health - With CME	\$650	\$750
Life/Retired/Disabled - No CME	\$125	\$150	Students - No CME	\$40	\$50
Life/Retired/Disabled - With CME	\$425	\$450			
Allied Health Professional - With CME	\$450	\$550			
Candidate Resident - No CME	FREE	\$100			
SAOAO Student Members - No CME	\$30	\$40			
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 20, 5:00-6:00 pm – Included					
I plan to attend the Program Directors Meeting (Program Directors only), Saturday, April 22, 7:30 am-9:30 am – Included					
I plan to attend the Faculty Development Course (Residency Program Faculty Only), Saturday, April 22, 10:00 am-4:00 pm – Included					
I plan to attend the Orthopedic Board Review Course (Residents), Friday, April 21 @ 12 noon -Saturday, April 22 from 7:00 am-5:00 pm – Included					

Total Amount Enclosed:

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)



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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. Requests for refunds submitted in writing by March 15, 2023 will receive a full refund, less a \$25 administrative fee. Requests submitted in writing between March 16 and March 30 will receive 80% refund, less a \$25 administrative fee. No refunds available after March 30, 2023.

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