

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

☐ I plan to attend the Awards Reception: Friday, October 6 @ 5:30 p.m.

# **2023 Annual Fall Meeting**

**OCTOBER 5-7 •** The Broadmoor • Colorado Springs, CO

### **IN PERSON ONLY**

# **REGISTRATION FORM**

Online i	registration i	s available	at www.aoao.org		
PLEASE PRINT			-		
First Name:	Last Name:			_Degree:	
Address:					
City:			State:Zip:		
*Email Address:	Phone Number ( Home Work):				
AOA Number:					
	Instagram:				
Fee Schedule Registration is available only for in-person attendance. Fees include after the meeting. Registrants who fail to pick up their registrants.	istration badge			eive access to	
AOAO Member Registration	On or before 9/14/23	After 9/14/23	Non-Member Registration	On or before 9/14/23	After 9/14/23
☐ Active Member/Military/Transitional/Associate In Person	\$675	\$775	☐ Non-Member Physician	\$975	\$1,075
☐ Life/Retired/Disabled - No CME	\$175	\$200	☐ Non-Member Allied Health (PA, NP, RN)	\$575	\$675
☐ Life/Retired/Disabled - With CME	\$475	\$500	☐ Students - No CME	\$50	\$65
☐ Allied Health Professional (PA, NP, RN)	\$475	\$575			
☐ Candidate Resident/Fellowship Training - No CME	\$125	\$125			
☐ SAOAO Student Members - No CME	\$45	\$55			
Guests and Other Events					
☐ Guest Badge (Breakfasts, Lunches and Receptions)				\$175	\$225
☐ Guest Name(s):					



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## **REGISTRATION FORM, PAGE 2**

Online registration is available at www.aoao.org

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

<ul> <li>COVID-19 RELEASE &amp; HOLD HARMLESS AGREEMEN meeting you acknowledge that there is an unknown risi contact. Such exposure carries with it a certain degree agree to release and hold harmless AOAO, its employe and liability resulting from exposure to COVID-19. Rec</li> </ul>	k of exposure to COVID-19 through of risk that could result in illness, dies, officers, management company (	exposure to contaminated object sability or death. You and your a staff) and vendors from and aga	ts, as well as through personal accompanying guest(s) inst all claims of damages			
COVID-19 restrictions. Initial (Required field)	,	, ,				
<ul> <li>CROWD RELEASE: By registering and attending an Am in perpetuity to use the images resulting from the phot images for publicity or other purposes to help achieve publications and in online publicity, social media, and</li> </ul>	ography/video filming taken at the ev AOAO's mission. This might include	vent/meeting, and any reproduct (but is not limited to), the right	tions or adaptations of the to use them in AOAO's printed			
Payment Information						
☐ Personal Check (Payable to AOAO) ☐ VISA	■ MasterCard	☐ AMEX	Discover			
Card Number:		Expiration Date:				
		Credit Card Zip Code:				
CVV Security Code:(3-digit	# in signature box on the back of VIS	SA/MC or 4-digit # on front of A	AMEX card above the card #).			
Signature:	Printed Name of	Printed Name on Card:				
<b>Refund Policy:</b> There is no virtual registration option for the received by the headquarters office. Requests for refunds submisubmitted in writing between September 15 and September 29 Any name badges left at registration will be considered "no sho agree (Required field)	itted in writing by September 14, 2023 w will receive an 80% refund, less a \$100 a ws" and therefore not eligible for a refun	ill receive a full refund, less a \$50 a administrative fee. No refunds avail d. Written requests may be sent to	administrative fee. Requests able after September 29, 2023.			
Please allow up to two weeks for your registration to be proces	sed and confirmation to be received. AO	AO Tax I.D. #386073712				
<b>Americans with Disabilities Act:</b> AOAO has fully complie educational activity is in need of accessible accommodations,			reof. If any participant in this			

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