



2024 Annual Spring Meeting

APRIL 18-20 • The Bellagio Hotel & Casino • Las Vegas, NV

IN PERSON ONLY

REGISTRATION FORM

Online registration is available at www.aoao.org

PLEASE PRINT

First Name: _____ Last Name: _____ Degree: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 *Email Address: _____ Phone Number (Home Work): _____
 AOA Number: _____

Opt-in Text Messaging: For notifications during the 2024 Annual Spring Meeting, please provide us with your mobile 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 aoao.org.

Fee Schedule

Registration is available only for in-person attendance. Fees include coffee breaks, breakfasts, lunches, receptions as well as access to all session recordings available on demand after the meeting. Registrants who fail to pick up their registration badge will automatically be considered "no-shows" and will not receive access to on-demand content.

AOAO Member Registration	On or before 3/15/24	After 3/15/24	Non-Member Registration	On or before 3/15/24	After 3/15/24
	<input type="checkbox"/> Active Member/Military/Transitional/Associate In Person	\$695		\$795	<input type="checkbox"/> Non-Member Physician
<input type="checkbox"/> Life/Retired/Disabled - No CME	\$195	\$220	<input type="checkbox"/> Non-Member Allied Health (PA, NP, RN)	\$595	\$695
<input type="checkbox"/> Life/Retired/Disabled - With CME	\$495	\$520	<input type="checkbox"/> Students - No CME	\$105	\$110
<input type="checkbox"/> Allied Health Professional (PA, NP, RN)	\$495	\$595			
<input type="checkbox"/> Candidate Resident/Fellowship Training - No CME	FREE	\$145			
<input type="checkbox"/> SAOAO Student Members - No CME	\$95	\$105			

Guests and Other Events

Guest Badge (Breakfasts, Lunches and Receptions) \$195 \$245

Guest Name(s): _____

I plan to attend the Exhibitors Cocktail Hour: Thursday, April 18 @ 5:00 p.m.

*Would you like to round up or add funds to help residents with their hotel stay? Amount: _____

TOTAL: _____

**AOAO will use these funds to provide a stipend to resident attendees who stay at the Bellagio.*



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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: There is no virtual registration option for the 2024 Annual Spring Meeting. 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, 2024 will receive a full refund, less a \$50 administrative fee. Requests submitted in writing between March 16 and March 30 will receive an 80% refund, less a \$100 administrative fee. No refunds available after March 30, 2024. **Any name badges left at registration will be considered "no shows" and therefore not eligible for a refund.** Written requests may be sent to Joye Stewart at joye@aoao.org. I agree _____ (Required field)

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