



# 2025 Annual Spring Meeting

April 3-5, 2025 | The Gaylord Texan, Grapevine, TX

**IN PERSON ONLY**

## REGISTRATION FORM • Online registration is available at [aao.org](http://aao.org)

**PLEASE PRINT**

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](http://societyhq.com) and [aao.org](http://aao.org). You may also sign up for important updates by text. Text AOA0 SPRING2025 to 804-391-7373. Message and data rates may apply.**

**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 3/14/25	After 3/14/25	Non-Member Registration	On or before 3/14/25	After 3/14/25
<input type="checkbox"/> Active Member/Military/Transitional/Associate In Person	\$725	\$825	<input type="checkbox"/> Non-Member Physician	\$1,525	\$1,625
<input type="checkbox"/> Life/Retired/Disabled - No CME	\$225	\$250	<input type="checkbox"/> Non-Member Allied Health (PA, NP, RN)	\$675	\$775
<input type="checkbox"/> Life/Retired/Disabled - With CME	\$475	\$575	<input type="checkbox"/> Students - No CME	\$225	\$275
<input type="checkbox"/> Allied Health Professional (PA, NP, RN)	\$475	\$575			
<input type="checkbox"/> Candidate Resident/Fellowship Training - No CME	FREE	\$150			
<input type="checkbox"/> SAOAO Student Members - No CME	\$125	\$175			
Guests and Other Events					
<input type="checkbox"/> Guest Badge (Breakfasts, Lunches and Receptions)				\$195	\$245
<input type="checkbox"/> Guest Name(s): _____					
<input type="checkbox"/> I plan to attend the Exhibitors Cocktail Hour: Thursday, April 3 @ 5:30 p.m.					
*Would you like to round up or add funds to help residents with their hotel stay?				Amount: _____	
				<b>TOTAL:</b>	_____

\*AOAO will use these funds to provide a stipend to resident attendees who stay at The Gaylord Texan.

**CROWD RELEASE:** By registering and attending an American Osteopathic Academy of Orthopedics (AOAO) event/meeting you grant AOA0 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 AOA0's mission. This might include (but is not limited to), the right to use them in AOA0's printed publications and in online publicity, social media, and live streaming. I agree. YES initial \_\_\_\_\_

**Refund Policy:** There is no virtual registration option for the 2025 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 14, 2025 will receive a full refund, less a \$50 administrative fee. Requests submitted in writing between March 15 and March 29 will receive an 80% refund, less a \$100 administrative fee. No refunds available after March 29, 2025. **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@aao.org](mailto:joye@aao.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:** AOA0 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 AOA0 at (804) 565-6370 for assistance.

**Payment Information**

Personal Check (Payable to AOA0)     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: \_\_\_\_\_

Mail or fax this form to AOA0 at: 2209 Dickens Road • Richmond, VA 23230-2005 • PHONE (804) 565-6370 • FAX (804) 282-0090