



2025 ANNUAL FALL MEETING

October 23-25, 2025 • Gaylord National Resort & Convention Center • National Harbor, MD

REGISTRATION FORM | IN PERSON ONLY

Online registration is available at www.aoao.org

PLEASE PRINT

First Name: _____ Last Name: _____ Degree: _____

Address: _____

City: _____ State: _____ Zip: _____

*Email Address: _____ Phone Number (Cell): _____

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 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 9/30/25	After 9/30/25	Non-Member Registration	On or before 9/30/25	After 9/30/25
<input type="checkbox"/> Active Member/Military/Transitional/Associate In Person	\$750	\$850	<input type="checkbox"/> Non-Member Physician	\$1,450	\$1,550
<input type="checkbox"/> Life/Retired/Disabled - No CME	\$250	\$300	<input type="checkbox"/> Non-Member Allied Health (PA, NP, RN)	\$600	\$700
<input type="checkbox"/> Life/Retired/Disabled - With CME	\$500	\$550	<input type="checkbox"/> Students - No CME	\$300	\$350
<input type="checkbox"/> Allied Health Professional (PA, NP, RN)	\$500	\$600			
<input type="checkbox"/> Candidate Resident/Fellowship Training - No CME	FREE	\$150			
<input type="checkbox"/> SAOAO Student Members - No CME	\$200	\$250			

Guests and Other Events		
<input type="checkbox"/> Guest Badge (Breakfasts, Lunches and Receptions)	\$250	\$300
<input type="checkbox"/> Guest Name(s): _____		
<input type="checkbox"/> I plan to attend the Exhibitors Cocktail Hour: Thursday, October 23 @ 5:30 p.m.		
<input type="checkbox"/> I plan to attend the Awards Reception: Friday, October 24 @ 6:30 p.m.		

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

Crowd Release: 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 _____

Refund Policy: There is no virtual registration option for the 2025 Annual Fall 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 September 30, 2025 will receive a full refund, less a \$50 administrative fee. Requests submitted in writing between September 31 and October 7 will receive an 80% refund, less a \$100 administrative fee. No refunds available after October 7, 2025. Any name badges left at registration will be considered "no shows" and therefore not eligible for a refund or CME credit. Written requests may be sent to Joye Stewart at joye@aoao.org. I agree _____. (Required field)

Text Messaging Policy & Consent: By opting in, you agree to receive text messages from AOAO regarding important Fall Meeting information. Message & data rates may apply. Frequency may vary. You can reply STOP to unsubscribe at any time. Your information will be kept secure and not shared with third parties. I agree to text updates. _____

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: AOAO 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 AOAO at (804) 565-6370 for assistance.

Payment Information

☐ Personal Check (Payable to AOAO) ☐ 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 AOAO at: 2209 Dickens Road • Richmond, VA 23230-2005 • PHONE (804) 565-6370 • FAX (804) 282-0090