



American Osteopathic Association
113th Annual Convention and Scientific Seminar
 Sunday, October 26 – Thursday, October 30, 2008 – Las Vegas, NV



ADVANCE REGISTRATION

AOA No.

Name		Degree	Preferred Name for Badge	
Address		*Credit Card (circle one) AMEX DISCOVER MASTERCARD VISA		
City/State/Zip		Credit Card No.		
Bus Telephone		Expiration Date		
E-mail		Name on Card		
Fax	Check here if paying by check <input type="checkbox"/>		Signature of Cardholder	
Alumni Luncheon: (Specify college)		Check here if address is NEW <input type="checkbox"/>	AOA Member: Yes <input type="checkbox"/> No <input type="checkbox"/>	

PRACTICE GROUPS – SECTION 1
 If you register here, do not register in *Section 2*
 (Multiple selection permitted here for DOs only)

AOA MEMBERS /\$495.00 *	Guest / \$85.00**
<input type="checkbox"/> Academy of Osteopathy (AAO)	<input type="checkbox"/> (G-AAO)
<input type="checkbox"/> Addiction Medicine (AM)	<input type="checkbox"/> (G-AM)
<input type="checkbox"/> Allergy and Immunology (AI)	<input type="checkbox"/> (G-AI)
<input type="checkbox"/> Dermatology (DER)	<input type="checkbox"/> (G-DER)
<input type="checkbox"/> Family Physicians (FP)	<input type="checkbox"/> (G-FP)
<input type="checkbox"/> Medical Informatics (MI)	<input type="checkbox"/> (G-MI)
<input type="checkbox"/> Neurologists & Psychiatrists (NP)	<input type="checkbox"/> (G-NP)
<input type="checkbox"/> Obstetricians and Gynecologists (OBG)	<input type="checkbox"/> (G-OBG)
<input type="checkbox"/> Occupational & Preventive Med (OPM)	<input type="checkbox"/> (G-OPM)
<input type="checkbox"/> Pathology (PTH)	<input type="checkbox"/> (G-PTH)
<input type="checkbox"/> Pediatricians (PED)	<input type="checkbox"/> (G-PED)
<input type="checkbox"/> Physical Med/Rehabilitation (PMR)	<input type="checkbox"/> (G-PMR)
<input type="checkbox"/> Rheumatology (RH)	<input type="checkbox"/> (G-RH)
<input type="checkbox"/> Sclerotherapeutic Pain Management (SPM)	<input type="checkbox"/> (G-SPM)
<input type="checkbox"/> Sports Medicine (SM)	<input type="checkbox"/> (G-SM)

DO & OTHER CATEGORIES – SECTION 2
 If you register here, do not register in *Section 1*
 (No practice registration in this section)

Registrant	Fee
<input type="checkbox"/> AOA Member (AOA).....	\$495*
<input type="checkbox"/> AOA Nonmember (NM).....	\$595*
<input type="checkbox"/> Advocates with ticket (ADV).....	\$85**
<input type="checkbox"/> Adult Guest with ticket (G-AOA).....	\$85**
<input type="checkbox"/> Resident (R) ...Specialty _____	\$100*
<input type="checkbox"/> Retired (RET)	\$150*
<input type="checkbox"/> American Osteopathic Foundation (AOF).....	\$100**
<input type="checkbox"/> Associate Member (ASM).....	\$100**
<input type="checkbox"/> Military (MIL).....	\$247.50*
<input type="checkbox"/> National Assn of Osteopathic Foundns (NAOF).....	\$100**
<input type="checkbox"/> Non DO (MD, PhD, etc) (NDO)	\$495*
<input type="checkbox"/> Physician Assistant (PA)	\$495*
<input type="checkbox"/> Research Conference (RC).....	\$150**

Note: Doctors seeking CME credit MUST pay the full AOA registration fee

No Fee Categories

<input type="checkbox"/> STUDENT (S).....	\$0.00	<input type="checkbox"/> Advocates-NO ticket (ADVN).....	\$0.00
<input type="checkbox"/> INTERN (I).....	\$0.00	<input type="checkbox"/> Adult Guest NO ticket (AG) <input type="checkbox"/> Juvenile Guest (JG)....	\$0.00
<input type="checkbox"/> Association of Osteopathic State Exec Directors (OSED).....	\$0.00	<input type="checkbox"/> Osteopathic International Alliance (OIA).....	\$0.00

GUEST NAMES: (Guests without payment are automatically registered as a "No Fee" guest)

(1) _____ (3) _____
 (2) _____ (4) Juvenile name(s) _____

KEY TO SYMBOLS FOR TICKETS

- * Ticket for one person to attend the AOA/AOA Presidents' reception and one alumni luncheon ticket.
 ** Ticket for one person to attend the AOA/AOA Presidents' reception.

TOTAL FEE \$ _____

FOR OFFICE USE ONLY	Check No.	Credit Card	Amount Received	Date
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Check box if you do NOT want to receive promotions of any kind.



American Osteopathic Association 2008 Advance Registration Instructions



THOSE WHO MAY REGISTER

- Members of the American Osteopathic Association, or the Canadian Osteopathic Association, if the doctor is located in Canada, their adult guests and children. Other guests as indicated under Section 2 of the Registration Form.
- Osteopathic physicians who are NOT members of the AOA may register, but are required to pay an advance registration fee of **\$595.00**. **THIS FEE MUST BE PAID BY NONMEMBERS IN ORDER TO REQUEST A CME LETTER CERTIFYING CREDITS.**

HOW TO SELECT THE APPROPRIATE REGISTRATION CATEGORY

Check **APPROPRIATE** categories on the registration form – Register in Section 1 **OR** Section 2. The “AOA Categories” (Section 2) are for those who register without a practice designation. The “Practice Group Categories” (Section 1) are for those who choose to register in a specialty category. **If you desire to register with more than one participating practice affiliated organization**, you may do so. Please indicate your **PRIMARY CHOICE**. You will receive an affiliate ribbon for each choice, and your name will appear on the attendance roster of each practice organization selected.

Regardless of the registration category selected, registrants are entitled to attend ANY of the didactic sessions planned by ANY of the participating organizations. Although membership in a participating affiliated organization is not a requirement to register for the practice group, AOA membership (or if a doctor is from Canada, Canadian Osteopathic Association membership) is a requirement for registration in ANY of the practice categories listed.

CONTACT AOA

AOA Convention Office: 142 East Ontario Street
Chicago, IL 60611
Telephone..... (800) 621-1773, Ext. 8014 / 8256
or (312) 202-8014
FAX..... (312) 202-8212, (312) 202-8314
E-mail..... convention@osteopathic.org or
mthompson@osteopathic.org

SPECIAL NEEDS

If you have any special needs, please advise us as soon as possible.

PARTICIPATING PRACTICE GROUPS

American **Academy of Osteopathy**
American Osteopathic Academy of **Addiction Medicine**
American Osteopathic College of **Allergy & Immunology**
American Osteopathic College of **Dermatology**
American College of Osteopathic **Family Physicians**
American Osteopathic Academy of **Medical Informatics**
American College of Osteopathic **Neurologists and Psychiatrists**
American College of Osteopathic **Obstetricians & Gynecologists**
American Osteopathic College of **Occupational & Preventive Medicine**
American Osteopathic College of **Pathologists, Inc**
American College of Osteopathic **Pediatricians**
American Osteopathic College of **Physical Medicine and Rehabilitation**
American Osteopathic College of **Rheumatology, Inc**
American College of Osteopathic **Sclerotherapeutic Pain Management**
American Osteopathic Academy of **Sports Medicine**

GUESTS

In addition to checking your category, check the category for your guests. Remember, name(s) must be provided in order to receive a BADGE. The member’s registration fee does NOT include tickets for guests. Guests are to be registered either by paying a fee and receiving a ticket, or by NOT paying a fee and NOT receiving a ticket (“No Fee Guest”).

If the member’s guest is to receive a ticket, check the guest category and pay the appropriate fee. The “fee” paying DO will receive an Alumni Luncheon Ticket; however, the paid guest does NOT. Registrants may purchase tickets for social functions.

Doctor’s cannot register osteopathic students as guests. Such students must register individually.

TICKETS COVERED BY REGISTRATION FEE

The fees shown on the registration form are followed by symbols to indicate the tickets, which are covered by the fee. To interpret the symbols, see “Key to Symbols.”
NOTE: The Oklahoma State University Center for Health Sciences-COM will not sponsor an alumni luncheon this year.

CANCELLATIONS

A full refund will be issued if the cancellation request is received in the AOA Central Office no later than Friday, November 28, 2008. Cancellations must be submitted **IN WRITING** via e-mail to mthompson@osteopathic.org OR faxed to 312-202-8314 OR by mail to: AOA Convention Office, 142 E. Ontario Street, Chicago, IL 60611.

THREE EASY PAYMENT OPTIONS



By Mail

To: AOA Convention Registration
PO Box 3918, Frederick, MD 21705-3918
Make check payable to: American Osteopathic Association



By Fax

(301) 694-5124



Online

www.DO-online.org

Advance Registration material will be mailed out prior to the convention. Advance registration forms must be **RECEIVED NO LATER THAN FRIDAY, September 5, 2008**. Registrations received **after this date will be processed and held onsite for pickup**. For onsite registrations \$50.00 will be added to the advance registration fee.