**CONTACT INFORMATION**

Designation(s): [ ] DO  [ ] MD  [ ] PhD  [ ] Other

Full Name

Address

City/State/Zip

Telephone  Cell Phone

Email

AOA#

Is this your first OMED?  [ ] Yes  [ ] No

Update information in the AOA Member Record?  [ ] Yes  [ ] No

Would you like this information shared with your specialty college(s)?  [ ] Yes  [ ] No

Would you like this information shared with your alumni organization?  [ ] Yes  [ ] No

Would you like this information shared with AOA related programs?  [ ] Yes  [ ] No

**PARTICIPATING SPECIALTY GROUPS (select up to four)**

1. American Academy of Osteopathy
2. American Osteopathic Academy of Addiction Medicine
3. American Osteopathic College of Allergy and Immunology
4. American College of Osteopathic Family Physicians
5. American College of Osteopathic Internists
6. American College of Osteopathic Neurologists and Psychiatrists
7. American Osteopathic College of Occupational & Preventive Medicine
8. American Osteopathic College of Pathologists
9. American College of Osteopathic Pediatricians
10. American Osteopathic College of Physical Medicine and Rehabilitation
11. American Osteopathic Association of Prolotherapy Regenerative Medicine
12. American Osteopathic Society of Rheumatic Diseases

**OMED INFORMATION**

Your primary specialty(ies)

- [ ] Administration
- [ ] Direct Patient Care
- [ ] Consultant
- [ ] Inactive, Other
- [ ] Medical Education
- [ ] Intern, Resident, Fellow
- [ ] Medical Research
- [ ] Retired
- [ ] Other

Type of practice:

- [ ] Administration
- [ ] Direct Patient Care
- [ ] Consultant
- [ ] Inactive, Other
- [ ] Medical Education
- [ ] Intern, Resident, Fellow
- [ ] Medical Research
- [ ] Retired
- [ ] Other

Type of employment:

- [ ] Community Health Center
- [ ] Employed, Gov’t/Military
- [ ] Employed, Hospital
- [ ] Medical School/University
- [ ] Non-Patient Care
- [ ] Non Patient Care
- [ ] Solo Practice/Partnership
- [ ] Research
- [ ] Group Practice, Hospital-owned
- [ ] Group Practice, Physician-owned
- [ ] Retired
- [ ] Other

**GUESTS AND CHILDREN**

All guests attending any OMED events must be registered. Your registration fee does not include events (Exhibit Hall, Block Party, Receptions) for your guests. All guests and children MUST be registered and have a badge to attend any portion of OMED, including the Exhibit Hall and Receptions. Children 13 and under receive complimentary registration and may attend the Block Party and other receptions. Children, with an adult, must be registered in order to receive complimentary registration. Medical Students may not be registered as guests.

**GUEST/CHILD NAMES**

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________

**FOUR WAYS TO REGISTER**

- **ONLINE**
  - omed.osteopathic.org

- **PHONE**
  - Toll Free (Domestic) 800.424.5249

- **MAIL**
  - AOA/OMED 2019
  - Registration and Housing Office
  - 5202 President's Court, Ste. G100
  - Frederick, MD 21703
  - Checks payable to: American Osteopathic Association

- **FAX**
  - 888.772.1888

**CONTACT EXPERIENT**

Phone: 800.424.5249

Email: AOAattendee@experient-inc.com

**EMERGENCY CONTACT INFORMATION**

Full Name / Relationship

Phone
HOW TO SELECT THE APPROPRIATE REGISTRATION CATEGORY

Check APPROPRIATE categories on the registration form. The Specialty College Categories are for those who chose to register in a specialty category. Registrants may select up to four specialty membership categories. Please indicate your PRIMARY CHOICE and specialty college membership. Your name will appear on the attendance roster of each practice organization selected and membership number that was provided. The other categories are for those who register without a practice designation.

Regardless of the registration category selected, registrants are entitled to attend ANY of the didactic sessions planned by ANY of the participating organizations. Membership in a participating affiliated organization is a requirement to register for a practice group, and AOA membership is a requirement for registration in ANY of the practice categories listed.

REGISTRATION CATEGORY

<table>
<thead>
<tr>
<th></th>
<th>ADVANCE Before Sept. 12</th>
<th>LATE/ON-SITE After Sept. 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOA Member (AOA)</td>
<td>845</td>
<td>945</td>
</tr>
<tr>
<td>Specialty College (Must be AOA Member)</td>
<td>845</td>
<td>945</td>
</tr>
<tr>
<td>AOA Non Member (NM)</td>
<td>1045</td>
<td>1145</td>
</tr>
<tr>
<td>Associate Member/Practice Manager (ASM)</td>
<td>250</td>
<td>300</td>
</tr>
<tr>
<td>Non-DO (MD, PhD) (NDO)</td>
<td>1045</td>
<td>1145</td>
</tr>
<tr>
<td>One Day* Member (ODM)</td>
<td>275 (Check one)</td>
<td>325</td>
</tr>
<tr>
<td>One Day* Non Member (ODN)</td>
<td>375 (Check one)</td>
<td>425</td>
</tr>
<tr>
<td>Physicians Assistant (PA)</td>
<td>845</td>
<td>945</td>
</tr>
<tr>
<td>Retired AOA Member (RET)</td>
<td>375</td>
<td>375</td>
</tr>
<tr>
<td>Intern (I)</td>
<td>325</td>
<td>325</td>
</tr>
<tr>
<td>Resident (R)</td>
<td>325</td>
<td>325</td>
</tr>
<tr>
<td>State Executive Director (OSED)</td>
<td>125</td>
<td>150</td>
</tr>
<tr>
<td>Guest (GAOA)</td>
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<td>150</td>
</tr>
<tr>
<td>Advocates (ADV)</td>
<td>125</td>
<td>150</td>
</tr>
<tr>
<td>Child 13 and under (CH)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Military (MLT)</td>
<td>645</td>
<td>645</td>
</tr>
</tbody>
</table>

*One Day attendees must indicate up to 1 attendance day. If multiple days are indicated, attendee will be automatically registered for full attendance.

CME CREDITS

Some OMED sessions are dually accredited. Please indicate which type of CME credits you need:

- AOA Category 1A Credit
- AMA PRA Category 1 Credit™
- None

DIETARY RESTRICTIONS

- Vegan
- Kosher
- Vegetarian
- Gluten-Free
- Allergies

Please specify

- Other

ASSISTANCE

Pursuant with the Americans Disability Act, AOA will provide vendor contact information for attendees to use to contact directly to arrange for special needs accommodations.

Please indicate type of need(s):

- Audio
- Visual
- Mobile
- Other

CANCELLATIONS

A full refund, less a $100 processing fee, will be issued if the cancellation request is received by Friday, September 13, 2019. Cancellation requests must be sent to AOAAttendee@Experient-Inc.com or faxed to 888.772.1888, by Wednesday, September 18, 2019. After September 18, 2019, cancellation requests will not be accepted and refunds will not be issued.