



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

OMED INFORMATION

Your primary specialty(ies) _____

- 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
 - NonPatient Care Non Patient Care
 - Solo Practice/Partnership Research
 - Group Practice, Hospital-owned
 - Group Practice, Physician-owned
 - Retired Other _____

PARTICIPATING SPECIALTY GROUPS (select up to four)

- | | 1 | 2 | 3 | 4 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| American Academy of Osteopathy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| American Osteopathic Academy of Addiction Medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| American Osteopathic College of Allergy and Immunology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| American College of Osteopathic Family Physicians | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| American College of Osteopathic Internists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| American College of Osteopathic Neurologists and Psychiatrists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| American Osteopathic College of Occupational & Preventive Medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| American Osteopathic College of Pathologists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| American College of Osteopathic Pediatricians | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| American Osteopathic College of Physical Medicine and Rehabilitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| American Osteopathic Association of Prolotherapy Regenerative Medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| American Osteopathic Society of Rheumatic Diseases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| American Osteopathic Academy of Sports Medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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



FAX
888.772.1888

Checks payable to:
American Osteopathic Association

EMERGENCY CONTACT INFORMATION

Full Name / Relationship _____

Phone _____

CONTACT EXPERIENT:

Phone: 800.424.5249
Email: AOAattendee@experient-inc.com

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	ADVANCE Before Sept. 12	LATE/ON-SITE After Sept. 12
<input type="checkbox"/> AOA Member (AOA)	845	945
<input type="checkbox"/> Specialty College (Must be AOA Member) (Designate up to four specialties along with membership number(s) on the previous page)	845	945
<input type="checkbox"/> AOA Non Member (NM)	1045	1145
<input type="checkbox"/> Associate Member/Practice Manager (ASM)	250	300
<input type="checkbox"/> Non-DO (MD, PhD) (NDO)	1045	1145
<input type="checkbox"/> One Day* Member (ODM) (Check one) <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon	275 475 425	325 575 525
<input type="checkbox"/> One Day* Non Member (ODN) (Check one) <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon	375 575 525	425 675 625
<input type="checkbox"/> Physicians Assistant (PA)	845	945
<input type="checkbox"/> Retired AOA Member (RET)	375	375
<input type="checkbox"/> Intern (I)	325	325
<input type="checkbox"/> Resident (R)	325	325
<input type="checkbox"/> Student (S)	100	100
<input type="checkbox"/> State Executive Director (OSED)	125	150
<input type="checkbox"/> Guest (GAOA)	125	150
<input type="checkbox"/> Advocates (ADV)	125	150
<input type="checkbox"/> Child 13 and under (CH)	0	0
<input type="checkbox"/> Military (MLT)	645	645

*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 _____

Please specify

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):

I will require...

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.

Credit Card (Check one)

AMEX DISCOVER MASTERCARD VISA

Credit Card No. _____

Expiration Date _____

Name on Card _____

Signature of Cardholder _____

PROMO CODE

CONTACT EXPERIENT:

Phone: 800.424.5249

Email: AOAattendee@experient-inc.com

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