



OMED²¹

Oct. 22-24 | Virtual Conference

#DOProud - Experience the Distinction

REGISTRATION FORM

CONTACT INFORMATION

Designation(s): DO MD PhD Other _____

Full Name _____

Address _____

City/State/Zip _____

Telephone _____ Cell Phone _____

Email _____ AOA# _____

OMED INFORMATION

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

Type of practice:

- | | |
|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Direct Patient Care |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Inactive, Other |
| <input type="checkbox"/> Medical Education | <input type="checkbox"/> Intern, Resident, Fellow |
| <input type="checkbox"/> Medical Research | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Other _____ | |

Type of employment:

- | | |
|--|--|
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> Employed, Gov't/Military |
| <input type="checkbox"/> Employed, Hospital | <input type="checkbox"/> Medical School/University |
| <input type="checkbox"/> Non Patient Care | <input type="checkbox"/> Research |
| <input type="checkbox"/> Group Practice, Hospital-owned | <input type="checkbox"/> Solo Practice/Partnership |
| <input type="checkbox"/> Group Practice, Physician-owned | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Other _____ | |

What is your primary specialty?

- None
- Osteopathy / **AAO**
- Addiction Medicine / **AOAAM**
- Allergy and Immunology / **AOCAI**
- Anesthesiology / **AOCA**
- Dermatology / **AOCD**
- Emergency Medicine / **ACOEP**
- Family Practice / **ACOFFP**
- Internal Medicine / **ACOI**
- Medical Informatics / **AOAMI**
- Neurology and Psychiatry / **ACONP**
- Obstetrics and Gynecology / **ACOOG**
- Occupational and Preventive Medicine / **AOCOPM**
- Ophthalmology and Otolaryngology / **AOCOO-HNS**
- Orthopedics / **AOAO**
- Pathology / **AOCP**
- Pediatrics / **ACOP**
- Physical Medicine and Rehabilitation / **AOCPRM**
- Proctology / **AOCPR**
- Prolotherapy Regenerative Medicine / **AOAPRM**
- Radiology / **AOCR**
- Rheumatic Diseases / **AOSRD**
- Sports Medicine / **AOASM**
- Surgery / **ACOS**
- Other _____

HOW TO SELECT THE APPROPRIATE REGISTRATION CATEGORY

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

REGISTRATION FEE

<input type="checkbox"/> AOA Member (AOA)	949
<input type="checkbox"/> AOA Non Member (NM)	1149
<input type="checkbox"/> Associate Member/Practice Manager (ASM)	300
<input type="checkbox"/> Non-DO (MD, PhD) (NDO)	1149
<input type="checkbox"/> Allied Health Professional (PA, RN, NP)	449
<input type="checkbox"/> Retired AOA Member (RET)	300
<input type="checkbox"/> Resident (R)	0
<input type="checkbox"/> Student (S)	0
<input type="checkbox"/> Pre-Medical Student(PMS)	0
<input type="checkbox"/> Advocates (ADV)	150
<input type="checkbox"/> Military (MLT)	649
<input type="checkbox"/> Guest (G)	150
<input type="checkbox"/> Affiliate Executive Director/CEO	50

FOUR WAYS TO REGISTER



MAIL

AOA/OMED 2021
Maritz - ATL FSS Department
1375 North Highway Drive, 8th
Floor Fenton, MO 63099

Checks payable to :
American Osteopathic Association



ONLINE

omed.osteopathic.org



PHONE

864.208.2759



FAX

330.425.4983

Credit Card (Check one)

AMEX

DISCOVER

MASTERCARD

VISA

CREDIT CARD NUMBER

EXPIRATION DATE

NAME ON CARD

SIGNATURE OF CARDHOLDER

PROMO CODE

CONTACT EXPERIENT:

Phone: 800.424.5249

Email: AOAattendee@experient-inc.com

CANCELLATIONS

A refund, less a \$150 administrative fee, will be issued if the cancellation request is received by **Friday, October 1, 2021**. All cancellation requests must be emailed to OMED@Martiz.com or faxed to 301.694.5124, by Friday, October 1, 2021.

After October 1 2021, no refund will be issued.

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