

Registration Form

2 ways to save! Register by Jan. 5 or by Feb. 6. After Feb 6 you must register onsite and prices will be higher.



Mail to The Academy, c/o ExpoTrac, PO Box 1280, Woonsocket, RI 02895, or fax to (401) 765-6677. One registration per form.

BADGE INFORMATION

Please type or print legibly. Provide information as you would like it to appear on your badge.

First Name _____ MI _____ Last Name _____

Nickname _____ Job Title _____ Credentials _____

Company/Educational Institution _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____ Email _____ Is email your preferred contact method? YES NO

SPECIAL REQUIREMENTS (Including dietary restrictions) _____

Emergency Contact: _____ Phone: _____ Relationship _____

REQUIRED for continuing education credit tracking

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ABC CERT TYPE ABC I.D. NUMBER

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BOC CERT TYPE BOC I.D. NUMBER

RIBBON INFORMATION check all that apply:

- Lower-Limb Prosthetics Society (LP)
- Spinal Orthotics Society (SO)
- Craniofacial Society (CF)
- Lower-Limb Orthotics Society (LO)
- Fabrication Sciences Society (FS)
- Upper-Limb Prosthetics Society (UP)
- Gait Society (GA)
- CAD/CAM Society (CC)
- Past President (PP)
- Fellow of the Academy (FE)
- Chapter President (CP)
- Speaker (SP)
- Behavioral Sciences Society (BS)
- JPO Reviewer (JR)
- JPO Editorial Board Member (JB)
- Fellow with Distinction (FD)

REGISTRATION FEES

Academy membership must be current or dues must accompany registration in order to be eligible for member rates.

Select the appropriate category below:

Full Conference-Member Academy Active Professional International Affiliate

***Full Conference-Member** Resident Affiliate Emeritus Spouse

Full Conference-Nonmember Practitioner

Full Conference-Nonmember Resident Technician Pedorthist Fitter Assistant

*Student

***Exhibitor Full Conference**—One complimentary exhibitor registration included per table/booth.

***Incubator Exhibitor**—One complimentary exhibitor registration per table.

*Additional Exhibitor

Single Day Academy member Wed 2/14 Thur 2/15 Fri 2/16 Sat 2/17

Nonmember Wed 2/14 Thur 2/15 Fri 2/16 Sat 2/17

Rates Are Per Day

Exhibit Hall Only Thur (EXT) 2/15 \$205 Fri2/16 (EXF) \$205 Sat 2/17 (EXS) \$155

PRE-REGISTRATION Received by Jan. 5	REGISTRATION Received Jan. 6 - Feb. 6
\$565 <input type="checkbox"/>	\$640 <input type="checkbox"/>
\$260 <input type="checkbox"/>	\$285 <input type="checkbox"/>
\$925 <input type="checkbox"/>	\$995 <input type="checkbox"/>
\$350 <input type="checkbox"/>	\$450 <input type="checkbox"/>
\$95 <input type="checkbox"/>	\$95 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
\$300 <input type="checkbox"/>	\$300 <input type="checkbox"/>
\$295 <input type="checkbox"/>	\$345 <input type="checkbox"/>
\$445 <input type="checkbox"/>	\$495 <input type="checkbox"/>
\$_____ <input type="checkbox"/>	\$_____ <input type="checkbox"/>

PARTICIPANT INFORMATION

What is your purchasing authority?

- Full decision-making authority
- Joint decision-making authority
- Advisory role
- Not involved in purchasing
- Other

Job Function - check all that apply:

- Orthotist
- Prosthetist
- Pedorthist
- Technician
- Fitter
- Physical Therapist/Occupational Therapist
- First-Time Attendee
- Student
- Resident
- Owner
- Other

I would like to apply for Academy membership. Please contact me.

By registering for this meeting, you consent to your image being used in photo/video form without compensation for the promotion of Academy-sponsored events and services.

*Exhibitors, students, and residents registering to earn credit, please refer to the registration instructions. Questions? Contact the Academy at (202) 380-3663.

Visit academyannualmeeting.org for complete registration details and instructions.

OPTIONAL FUNCTIONS AND SPECIAL EVENTS

- Academy Member Business Meeting (for Academy members only) no additional charge
- Technical Workshops no additional charge
- (See Preliminary Program for workshop numbers. Select only one per tier and specify number below.) am _____ (TWA) pm _____ (TWP)
- Mastectomy Program no additional charge
- Pedorthic Program no additional charge
- Technician Program no additional charge
- Thematic Poster Sessions (Limited to 100) no additional charge
- First Timers Meet-Up (Wed 2/14) no additional charge
- Exhibit Hall Brunch (Sat 2/17) no additional charge
- Additional Welcome Reception Tickets (WR) # _____ @ \$45 = \$_____
- Hands-On Session (Prosthetics) \$35
- Hands-On Session (Orthotics) \$35

PAYMENT

(Payment must accompany this form.)

Check payable to AAOP # _____

AmEx Visa MasterCard

Card No. _____ Exp. Date _____

Print Cardholder Name _____ CVV# _____

Cardholder's Address (if different from above) _____

City _____ State _____ Zip _____

Signature _____

Fax credit card payments to (401) 765-6677. To ensure security, credit card companies now require a billing address to process your registration. The cancellation policy can be found at academyannualmeeting.org/registration under "Registration Instructions."

REGISTRATION TOTAL \$ _____
SPECIAL EVENTS TOTAL \$ _____
TOTAL AMOUNT DUE \$ _____