

American Osteopathic Academy of Sports Medicine - REGISTRATION FORM

33rd Annual Clinical Conference • May 2-5, 2018 • Renaissance Columbus Downtown Hotel • Columbus, Ohio

Please complete this registration form. Type or print legibly. One form must be filled out for each registrant and payment must accompany the registration form. Registration by telephone will not be accepted. Register by April 6, 2018, to take advantage of Early Registration discounts! The deadline for pre-registration is Friday, April 27, 2018. After that time, plan to register at the meeting site. (Please keep a copy of this form for your records.)

Registration Information

First Name: _____

Last Name: _____

Credential(s): _____

Place of Employment: _____

Mailing Address: _____

City: _____

State/Province: _____

Zip: _____

Is this address: Business? Home?

Daytime Phone: _____

Fax Number: _____

Email Address: _____

(Your registration confirmation will be sent via email to this email address.)

Badge Information

This is how your badge will read. Please print clearly and complete only those lines that are different from the "Registration Information" above.

First Name or Nickname: _____

Full Name: _____

Place of Employment: _____

City: _____

State: _____

General Information

Please check here and list any special dietary restrictions:

Please check if you need special assistance, and an AOASM staff member will contact you shortly.

Are you a member of the AOASM? Yes No

Are you interested in serving on an AOASM committee? Yes No

Are you a Conference Speaker? Yes No

If yes, which day? Mon. Tues. Wed. Thurs. Fri. Sat.

Check here if you wish to OPT IN of the attendee directory for the 2018 exhibitors.

Please provide the following information in case of emergency:

Emergency Contact Name: _____

Daytime Phone: (____) _____

Evening Phone: (____) _____

Email: _____

Registration

	On or Before 4/6/18	After 4/6/18
Member: Physician:	<input type="checkbox"/> \$415	<input type="checkbox"/> \$465
Member: Allied Health Professional (ATC, PA, PT, etc):	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
Member: Fellow:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Member: Resident/Intern:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Member: Student:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120
Member: Retired:	<input type="checkbox"/> \$208	<input type="checkbox"/> \$258
Non-Member: Physician:	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600
Non-Member: Allied Health Professional (ATC, PA, PT, etc):	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500
Non-Member: Fellow:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Non-Member: Resident/Intern:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Non-Member: Student:	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170

*A Fellow is a member currently participating in a sports medicine fellowship.

One-Day Conference Registration Fee

	On or Before 4/6/18	After 4/6/18
Physician/Allied Health Professionals	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
Which Day? <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
One-Day Student/Resident/Fellow Conference Registration Fee:	<input type="checkbox"/> \$60	<input type="checkbox"/> \$75
Which Day? <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		

Pre-Conference Workshop Registration*

The pre-conference workshops are available at a separate fee. Please be sure to include the appropriate payment. Register on or before 4/6/18 to receive the discounted pre-conference registration fee and save money. (*Space is limited; registration is on a first-come, first-served basis.)

	On or Before 4/6/18	After 4/6/18
Workshop Registration		
Basic MSK US Workshop	<input type="checkbox"/> \$375	<input type="checkbox"/> \$475
ELDOA™ Level 1 Certification	<input type="checkbox"/> \$499	<input type="checkbox"/> \$599
Intermediate/Advanced MSK US Workshop	<input type="checkbox"/> \$795	<input type="checkbox"/> \$895
Gray Institute 3DMaps	<input type="checkbox"/> \$495	<input type="checkbox"/> \$595

Continuing Education Credits

AOASM has requested that the AOA Council on Continuing Medical Education approve the pre-conference workshop program up to **16.0 hours** of AOA Category 1-A CME credits and approve the annual clinical conference up to **25.0 hours** of AOA Category 1-A CME credits. (AOA approval is pending.)

Register for continuing education credits by checking ALL applicable boxes below:

Yes, I would like to receive Continuing Medical Education (CME) credit hours for the pre-conference workshop(s).

AOA Number: _____

Yes, I would like to receive Continuing Medical Education (CME) credit hours for the annual clinical conference.

AOA Number: _____

Yes, I would like to receive Continuing Medical Education (CME) Specialty credit hours if applicable to my specialty.

Primary Specialty: _____ Secondary Specialty: _____

Yes, I would like to receive Board of Certification (BOC) credit hours for the continuing education of certified athletic trainers.

BOC Number: _____

Please Note:

- You will receive a credit reporting form when you pick up your registration materials on site, and you will be responsible for completing and returning this form to the AOASM registration desk prior to the end of the conference.
- CME and BOC credits are not included in the cost of student/resident/fellow registration fees. Please contact the registrar if you'd like to add credits.

AOASM Photo Release

As part of your registration for the Clinical Conference, AOASM reserves the right to use photographs and video taken during the meeting for future marketing purposes in print and electronically. If you do not wish to have your image used for such purposes, please contact us at info@aoasm.org.

Support-a-Student

Contribution to Support-a-Student Registration Scholarship (optional)

\$100 each student X ____ # of student(s) = _____ total

Optional Events

Russell M. Wright Memorial Luncheon

Thursday, May 3, 2018 – 12:00 noon to 1:30 p.m.

Physician/Allied Health Professional: Number of tickets: _____ X \$40 each = _____

Student/Resident/Fellow: Number of tickets: _____ X \$20 each = _____

Obstacle Course Running Event

Thursday, May 3, 2018 – 5:30 p.m. to 7:30 p.m.

Physician/Allied Health Professional: Number of tickets: _____ X \$20 each = _____

Fellow/Resident/Intern: Number of tickets: _____ X \$10 each = _____

Students (Free): Number of tickets _____

Student/Resident/Fellow Luncheon (no charge)*

Friday, May 4, 2018 – 12:15 p.m. to 1:30 p.m.

*Please sign up for this event only if you are a Student/Resident/Fellow.

Award of Fellow Banquet

Friday, May 4, 2018 – 5:30 p.m. to 8:30 p.m.

Number of tickets _____ X \$60 each = _____

May the Fourth Be With You Reception

Friday, May 4, 2018 – 8:00 p.m. to 10:00 p.m.

Number of tickets _____ X \$20 each = _____

Fees

Pre-Conference Workshop Registration Fee	\$ _____
Annual Clinical Conference Registration Fee	\$ _____
Support-a-Student Registration	\$ _____
Russell M. Wright Lecture & Luncheon	\$ _____
Obstacle Course Running Event	\$ _____
Award of Fellow Banquet	\$ _____
May the Fourth Be With You Reception	\$ _____
Total Enclosed:	\$ _____

Payment

Check a payment method and enclose your payment for registration fees, as well as any optional events in which you wish to participate.

- Check (made payable in US funds, drawn on a US bank to AOASM)
 Mastercard Visa American Express

Card Number: _____

Exp. Date: _____

CVV: _____

Signature: _____

Print Name: _____

Mail or fax this two-page registration form and fees to:

AOASM
2424 American Lane
Madison, WI 53704 USA

Phone: +1-608-443-2477
Fax: +1-608-443-2474

Email: info@aoasm.org
Website: <http://www.aoasm.org>

