

# Registration Form

**2 ways to save! Register by Jan. 12 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

-   
 ABC CERT TYPE ABC I.D. NUMBER

C - 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  Fri(2/16 (EXF) \$205  Sat 2/17 (EXS) \$155

PRE-REGISTRATION Received by Jan. 12	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](http://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.)

REGISTRATION TOTAL \$ \_\_\_\_\_  
 SPECIAL EVENTS TOTAL \$ \_\_\_\_\_  
**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

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](http://academyannualmeeting.org/registration) under "Registration Instructions."