

ROME[®]

REGIONAL OSTEOPATHIC
MEDICAL EDUCATION

New England 2018

AUGUST 9-12

ON-SITE REGISTRATION	MEMBER <i>(AOA or AFFILIATE)</i>	NON- MEMBER	RESIDENT	ALLIED HEALTH PROFESSIONAL	RETIRED/ LIFE	SPOUSE/ GUEST/ STUDENT	PER CHILD 11 and under
Thursday	<input type="checkbox"/> \$110	<input type="checkbox"/> \$150	<input type="checkbox"/> \$75	N/A	N/A	N/A	N/A
Friday	<input type="checkbox"/> \$240	<input type="checkbox"/> \$330	<input type="checkbox"/> \$175	N/A	N/A	N/A	N/A
Saturday	<input type="checkbox"/> \$230	<input type="checkbox"/> \$310	<input type="checkbox"/> \$150	N/A	N/A	N/A	N/A
Sunday	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$75	N/A	N/A	N/A	N/A
Full Conference	<input type="checkbox"/> \$540	<input type="checkbox"/> \$750	<input type="checkbox"/> \$250	<input type="checkbox"/> \$450	<input type="checkbox"/> \$250	<input type="checkbox"/> \$90	<input type="checkbox"/> \$35

Full Name: _____

Badge Name: _____ AOA ID Number _____

Institution: _____

Address: _____

City, State: _____ Zip: _____

Specialty Board Certification: _____

Telephone: _____ Email: _____

PAYMENT INFORMATION

Visa AmEx OR Check No. _____
 MC Discover (please make checks payable to the AOA)

AMOUNT DUE

Credit Card #: _____ Exp. Date _____ Security Code: _____

Signature: _____

RETURN COMPLETED REGISTRATION FORM AND PAYMENT TO:

The American Osteopathic Association

ROME New England

Attn: A. Krause

142 E. Ontario St., Chicago, IL 60611-2864

Phone: (312) 202-8215

Fax: (312) 202-8464

rome@osteopathic.org

