

# Student Registration Form

## 2026 AAO Convocation • March 18-22 • The Broadmoor in Colorado Springs, CO

### INSTRUCTIONS IF YOU CHOOSE NOT TO REGISTER ONLINE AT [WWW.ACADEMYOFOSTEOPATHY.ORG](http://WWW.ACADEMYOFOSTEOPATHY.ORG)

1. Type or print clearly in the spaces below.
2. Submit one completed form per registrant by:
  - emailing the form to [eventplanner@academyofosteopathy.org](mailto:eventplanner@academyofosteopathy.org).
  - mailing it with the appropriate fee to:  
2026 Convocation, American Academy of Osteopathy, 3500 DePauw Blvd., Suite 1100, Indianapolis, IN 46268-1136.
3. By registering for Convocation, you agree to abide by the AAO's [code of conduct](#), [photo and video release](#) and [Convocation cancellation policy](#).

If you have any questions or want additional program information, email [eventplanner@academyofosteopathy.org](mailto:eventplanner@academyofosteopathy.org) or call (317) 879-1881.

|                                                         |  |       |  |                                                                                               |  |                             |  |
|---------------------------------------------------------|--|-------|--|-----------------------------------------------------------------------------------------------|--|-----------------------------|--|
|                                                         |  |       |  |                                                                                               |  |                             |  |
| FIRST NAME                                              |  |       |  | LAST NAME                                                                                     |  |                             |  |
|                                                         |  |       |  |                                                                                               |  |                             |  |
| NICKNAME/FIRST NAME FOR BADGE                           |  |       |  | YEAR OF TRAINING (OMS I, II, III, IV or V) AND GRADUATE DEGREES (PhD, MS, MA, etc.)           |  |                             |  |
|                                                         |  |       |  |                                                                                               |  |                             |  |
| STREET ADDRESS                                          |  |       |  | I am a: (check all that apply)                                                                |  |                             |  |
|                                                         |  |       |  | <input type="checkbox"/> NUFA member/OPP Fellow <input type="checkbox"/> SAAO chapter officer |  |                             |  |
| CITY                                                    |  | STATE |  | ZIP CODE                                                                                      |  | COUNTRY (IF NOT U.S.)       |  |
|                                                         |  |       |  |                                                                                               |  |                             |  |
| CELLPHONE NUMBER                                        |  |       |  | AOA NUMBER                                                                                    |  |                             |  |
|                                                         |  |       |  |                                                                                               |  |                             |  |
| EMAIL ADDRESS                                           |  |       |  |                                                                                               |  |                             |  |
|                                                         |  |       |  |                                                                                               |  |                             |  |
| COLLEGE OF OSTEOPATHIC MEDICINE or OTHER MEDICAL SCHOOL |  |       |  |                                                                                               |  | ANTICIPATED GRADUATION YEAR |  |
|                                                         |  |       |  |                                                                                               |  |                             |  |

### REGISTRATION FEES

|                   | Early<br>(by 1/19)             | Regular<br>(1/20–2/12)         | Late<br>(2/13–3/1)             | On-Site<br>(3/2–3/22)            |
|-------------------|--------------------------------|--------------------------------|--------------------------------|----------------------------------|
| SAAO Member**     | <input type="checkbox"/> \$305 | <input type="checkbox"/> \$405 | <input type="checkbox"/> \$455 | <input type="checkbox"/> \$605   |
| Nonmember Student | <input type="checkbox"/> \$705 | <input type="checkbox"/> \$805 | <input type="checkbox"/> \$855 | <input type="checkbox"/> \$1,005 |

**We highly recommend everyone going to Convocation become a SAAO member. It's just \$50, good until you graduate medical school, and saves you \$400 on Convocation registration!**

*\*SAAO OMS V members who are in or have completed a teaching year have the option to register for the physician track or the student track. This registration is for the **student** track.*

### SAAO T-shirt Size

(Registrations received after January 1 are not guaranteed a T-shirt.)

☐ Small
 ☐ Medium
 ☐ Large
 ☐ X-Large
 ☐ XX-Large
 ☐ XXX-Large

# Student Lectures and Breakout Sessions

## March 18

### Events:

Select one: 12pm-5pm

☐ SAAO Board of Governors Day 1

☐ NUFA program (NUFA only)

Select one: 9pm-10:30pm

☐ Mentorship Meeting

☐ SAAO Workshop (rank below)

## Wednesday Workshops

Rank workshops from 1 (most desirable) to 2

9:00–10:30 pm OMM Without a Table by Scott Leggoe, DO

9:00–10:30 pm Greenman's Dirty Half Dozen by Katrina C. Rakowsky, DO

## March 19

### Events:

Select one (or leave blank):

☐ SAAO Board of Governors Day 2

Select one: 8:30pm-11pm

☐ Evening with the Stars & Stripes (students allowed)

☐ Student Mixer

## Thursday Workshops

Rank workshops from 1 (most desirable) to 3

6:00–7:30 pm & 7:30–9:00 pm Introduction to Cranial by Sutherland Cranial Teaching Foundation

6:00–7:30 pm Mastering Cervical HVLA by Victor Nuño, DO

7:30–9:00 pm Still Technique for Common Counterstain Points by Kelley J. Joy, DO

## March 20

### Events:

☐ \$40 Friday lunch voucher

☐ ONMM Residency Information & Job Fair (4-7pm)

☐ NMM/OMM MythBusters (3-4pm)

☐ Evening with the Stars & Stripes (8:30-10pm)

## Friday Workshops Part 1

Rank workshops from 1 (most desirable) to 2

2:00–3:30 pm Direct Inhibition and Activation by Jacob Joseph Cukierski, DO

2:00–3:30 pm OPP in Obstetrics by Kristin Putnam, DO

## Friday Workshops Part 2

Rank workshops from 1 (most desirable) to 2

4:00–5:30 pm Dynamic Strain and Vector Release by Jan T. Hendryx, DO, FAAO, FAAMA

4:00–5:30 pm Balancing with Precision: Building Confidence in BLT by Sheldon C. Yao, DO, FAAO v

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## Program Pathway

What Program Pathway are you interested in? (Select all that apply)

- ☐ ONMM1 (36 mo.)    ☐ Part-time ONMM3 (12 mo. over 24 mo.)  
☐ ONMM2 (24 mo.)    ☐ Fellowship: \_\_\_\_\_  
☐ ONMM3 (12 mo.)    ☐ Other: \_\_\_\_\_

What program year are you hoping to start? \_\_\_\_\_

What geographical region(s) are you looking for?

- ☐ Northeast    ☐ East    ☐ Midwest  
☐ South    ☐ West

Do you have any particular programs in mind? \_\_\_\_\_

## March 21

Events:

\_\_\_ NUFA only: Magoun Memorial Forum (8-9:30am)

\_\_\_ \$150 President's banquet 7:15 pm    Meal preference: ☐ Beef ☐ Fish ☐ Vegan ☐ Gluten-free (hotel's choice)

## Saturday Workshops

Rank workshops from 1 (most desirable) to 3

\_\_\_\_\_ 1:30–3:00 pm FPR: The Thoracic Cage, Extremities, and Beyond by Michael J. Terzella, DO

\_\_\_\_\_ 3:00–5:00 pm Thoracolumbar Junction: Normalizing the Myofascial Relationship and Kidney Dysfunction by Jay Danto, DO

\_\_\_\_\_ 1:30–3:00 pm & 3:00–5:00 pm International Workshop: The Greenman Dirty Half Dozen (Somatic Dysfunctions) and Low Back Pain by Frank Mueller, MD, DO (Germany)

## PAYMENT

Registration: \$ \_\_\_\_\_

Friday lunch voucher \$40 \$ \_\_\_\_\_

President's Banquet \$150 \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

☐ Visa    ☐ MasterCard    ☐ Discover

☐ Check made payable to the AAO

CREDIT CARD NUMBER

EXPIRATION DATE

NAME ON CARD

CVV NUMBER

SIGNATURE

CREDIT CARD BILLING ADDRESS (IF DIFFERENT FROM FIRST PAGE)

SEND RECEIPT TO: