

Physician Registration Form

2023 AAO Convocation • March 15-19 • The Broadmoor in Colorado Springs, CO

INSTRUCTIONS IF YOU CHOOSE NOT TO REGISTER ONLINE AT WWW.ACADEMYOFOSTEOPATHY.ORG

- Type or print clearly in the spaces below.
- Submit one completed form per registrant by:
 - emailing the form and credit card information to communications@academyofosteopathy.org.
 - faxing the form with your credit card information to (317) 879-0563.
 - mailing it with the appropriate fee to 2023 Convocation, American Academy of Osteopathy, 3500 DePauw Blvd., Suite 1100, Indianapolis, IN 46268-1136.
- 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, call (317) 879-1881 or email communications@academyofosteopathy.org.

FIRST NAME	LAST NAME		
NICKNAME FOR BADGE	DEGREES, FELLOWSHIPS, DESIGNATIONS (e.g., DO, MD, PhD, FAAO, FACOPP, etc.)		
I AM: <input type="checkbox"/> C-NMM <input type="checkbox"/> C-SPOMM			
STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.)
DAYTIME TELEPHONE NUMBER	AOA NUMBER		
EMAIL ADDRESS			
GUEST'S FIRST NAME	GUEST'S LAST NAME		

MEALS AND EVENTS

- NUFA program (March 15, no fee) (NUFA members only)
- Opening reception (March 15, no fee)
- Evening With the FAOs (March 15, no fee)
- Evening With the Stars (March 15, no fee)
- SAAO's Fun Run (March 16, \$20) \$20 x # _____
- AAO annual business meeting and luncheon (March 16) \$65 x # _____
One ticket per member. Extra tickets are \$65 each.
- Meal preference:** Chicken Vegan Gluten-free (hotel's choice)
- Gavel Club (March 16, \$65 each) (former presidents & guests only) \$65 x # _____
- LBORC RPM Grand Rounds Research Forum (March 16, no fee)
- Friday lunch voucher (March 17, \$30) \$30 x # _____
- RAAO business meeting and luncheon (March 17, no fee)
(Residents, interns and residency directors only) Buffet with vegan option.
- RAAO mixer (March 17, no fee) (RAAO members only)
- NUFA social (March 17, no fee) (NUFA members only)
- FAAO dinner (March 17, \$130 each) (FAOs & guests only) \$130 x # _____
Meal preference: Beef Fish Vegan Gluten-free (hotel's choice)
- President's banquet (March 18, \$130 each) \$130 x # _____
Meal preference: Beef Fish Vegan Gluten-free (hotel's choice)

BECOME A PHYSICIAN MENTOR

- Specialty (check one) NMM FP IM Peds Sports med
 PM&R EM OB/GYN Ortho Gen. surgery
 Other: _____
- Number of protégés you are willing to mentor (circle one): 1 2 3
- Do you use cranial manipulation in your practice? Yes No
- I will attend the mentorship event on:
 Wednesday, March 15 Thursday, March 16

Please consider me as a judge for the LBORC-NUFA Poster Presentation.

Please consider me as a judge for the A. Hollis Wolf Case Presentation Competition.

REGISTRATION FEES

Registration Type	Early (by 1/22)	Regular (1/23-2/28)	Late* (3/1-3/15)
Member			
Active full member	<input type="checkbox"/> \$715	<input type="checkbox"/> \$815	<input type="checkbox"/> \$865
Retired member	<input type="checkbox"/> \$535	<input type="checkbox"/> \$635	<input type="checkbox"/> \$685
First two years in practice	<input type="checkbox"/> \$535	<input type="checkbox"/> \$635	<input type="checkbox"/> \$685
AAO Residents & NUFA**	<input type="checkbox"/> \$410	<input type="checkbox"/> \$510	<input type="checkbox"/> \$560
Associate member	<input type="checkbox"/> \$715	<input type="checkbox"/> \$815	<input type="checkbox"/> \$865
International affiliate	<input type="checkbox"/> \$715	<input type="checkbox"/> \$815	<input type="checkbox"/> \$865
Supporter member	<input type="checkbox"/> \$715	<input type="checkbox"/> \$815	<input type="checkbox"/> \$865
Nonmember	<input type="checkbox"/> \$1,015	<input type="checkbox"/> \$1,115	<input type="checkbox"/> \$1,165

*Registrations received after March 1 will be processed as on-site registration. On-site registration will be charged at the late rate plus \$150.
 **AAO NUFA members have the option to register for the physician program or the student program. This registration is for the physician program.

NICHOLAS S. NICHOLAS FUND

\$100 donation \$25 donation Other amount \$ _____
 \$50 donation \$10 donation

PAYMENT 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 ABOVE)	