

OHIO OSTEOPATHIC SYMPOSIUM REGISTRATION FORM

Register online at www.OhioDO.org/cme
OR complete the following registration form

Today's date _____

Please print

Name _____

AOA Number _____

Spouse/Guest Name _____

Address _____

City _____

Telephone _____

E-mail Address _____

PAYMENT (Check type)

- Visa MasterCard American Express
 Discover Check enclosed (payable to Ohio Osteopathic Foundation)

Card Number _____

Expiration Date _____ Security Code _____

Name as it appears on card _____

Signature _____

Credit card billing address _____

Billing City _____ State _____ ZIP _____

RATES

Pricing includes all meals, lectures and special events.

	ON OR BEFORE APRIL 1	AFTER APRIL 1
OOA Member* or Heritage College Graduate	<input type="checkbox"/> \$670	<input type="checkbox"/> \$775
Non-OOA Member and Non-Heritage College Graduate	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1000
Retired	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400
Spouse/Guest	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
Resident	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
Medical Students	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0

TOTAL AMOUNT ENCLOSED \$ _____

On-site registrants will be charged an additional \$50 fee

**Interested in joining the OOA? Please call 614.299.2107 to join!*

VOLUNTEER AT THE SYMPOSIUM

- Moderate a Presentation/Introduce a Speaker Judge the Poster Competition

LIMITED SEATING: PLEASE RSVP

- Attend the Wed. Dermatology Workshop Attend the Fri. ACOFP Breakfast

- Attend the Fri. Awards Reception

RETURN THIS FORM BY MAIL OR FAX TO: Ohio Osteopathic Foundation
 PO Box 8130 | Columbus OH 43201-0130
Phone: 614.299.2107 | **Fax:** 614.294.0457

Consent for use of photographic images: Registration and attendance constitutes an agreement by the registrant to use and distribute (both now and in the future) the registrant or attendee's image in photographs, videotapes and electronic reproduction.