

OHIO OSTEOPATHIC SYMPOSIUM

Delegate Registration Form

This registration form should be completed by physicians who will be serving as Delegates for their District Academy to the 2013 OOA House of Delegates meeting, in conjunction with the Ohio Osteopathic Symposium, May 15 - 19, 2013, Hilton Columbus Easton, 3900 Chagrin Drive, Columbus, OH 43209. The House of Delegates will be meeting on Friday, May 17 and Saturday, May 18.

All delegates must go to the OOA Symposium Registration Desk to pick up your name badge and other information that may be available. Delegates who attend the CME lectures will have to attest to their attendance. The CME Verification Form will be included in your registration packet and must be returned to the Symposium Registration Desk before you leave. For those of you who are attending the House of Delegates meeting only and do not require any CME, there is no charge.

The House of Delegates schedule is as follows:

FRIDAY, May 17

1:30 pm - 3:30 pm - OOA House of Delegates Meeting (First Session)

3:30 pm - 5:30 pm - OOA House of Delegates Reference Committees

SATURDAY, May 18

10:00 am - 11:30 am - Columbus District Academy Caucus Meeting

2:00 pm - 3:00 pm - Academy Caucus Meetings (Dayton, Small Academies, Cleveland, and Akron/Canton)

3:15 pm - 5:15 pm - OOA House of Delegates Meeting (Second Session)

REGISTER online at www.oonet.org/cme or complete the following registration form

Name _____ AOA Number _____

\$400 - Total Anticipated CME: 25.5

Lectures throughout the Symposium that do not conflict with the OOA House of Delegates activities
All meal functions and special events

\$100 - Total Anticipated CME: 8.0

Friday and Saturday Lectures, Friday and Saturday Lunch, Friday Evening Awards Reception

\$100 - Spouse/Guest (please provide name for badge) _____

\$0 - Delegate Meetings Only (email Joanne Barnhart at jbarnhart@oonet.org to register)

Total Amount Enclosed: _____

Payment Method:

Visa Master Card American Express Discover Check enclosed (payable to OOF)

Card Number _____ Expiration Date _____

Security Code (last 3 digits on back of card. AmEx users 4 digit number on front of card) _____

Names as it appears on card _____

Signature _____

Credit Card Billing Address _____

City _____ State _____ Zip Code _____

Register by mail, fax, call or [click here for secured online processing](#).

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