

# NWOOA FALL PRIMARY CARE UPDATE 2014 REGISTRATION FORM

November, 14, 15 and 16, 2014

Return this form by mail or fax to: Northwest Ohio Osteopathic Association  
10539 Avenue Rd., Perrysburg, OH 43551 **Fax to: 419-872-7544 Phn: 419-872-8729**

**Registration must be received by November 10, 2014 for the reduced rate.**

Name: \_\_\_\_\_ AOA# \_\_\_\_\_

Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phn \_\_\_\_\_ OR

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phn \_\_\_\_\_

E-Mail \_\_\_\_\_

## Type of Credit Card:

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Check Enclosed (payable to NWOOA)

Card # \_\_\_\_\_ Security Code (3 digit on back) \_\_\_\_\_ Exp \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Credit card billing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail \_\_\_\_\_

**Rates** Pricing includes all meals/functions, lectures and Pizza Dinner on Friday night.

On or Before 11/03/2014 After 11/03/2014

NWOOA Members	_____ \$550.00	_____ \$590.00
OOA Members	_____ 575.00	_____ 615.00
Any Nonmember	_____ 600.00	_____ 640.00
Retired Physician	_____ 300.00	_____ 340.00
Spouse Guest	_____ 15.00	_____ 15.00
Students Interns/Residents	_____ 0.00	_____ 0.00
PA/CNP	_____ 250.00	_____ 290.00
*Add ACLS/BLS Course materials if attending.	_____ 35.00	

Total Amt Enclosed \$ \_\_\_\_\_

**\*You must register for this course.**

## ACLS/BLS Recertification Course Will be attending \_\_\_\_\_

This will be offered. Course materials will be mailed directly to registrants approximately two weeks prior to the conference. This course is limited to approximately 15 attendees so early registration is recommended. Certification will be filed by the NWOOA.

A total of up to 22 category 1A credits will be requested from the American Osteopathic Association. Note: No credit will be given to those physicians who fail to sign in or turn in their attestation forms. The NWOOA certifies credit hours in conjunction with the OOF directly to the OOA. No credit for ACLS only. Refunds for cancellation will be granted in full minus a \$45.00 administrative fee.

**Please note: The registration is only for the CME. You must make your room reservation at the Kalahari Resort at 1-877-525-2427. Make sure you mention that you are with the NWOOA to get the blocked room rate. [Kalahariresorts.com](http://Kalahariresorts.com)**