REGISTRATION FORM

119th Annual Convention | April 25-28, 2019 Embassy Suites Norman Hotel & Conference Center 2501 Conference Dr, Norman, OK 73069

Register online at www.okosteo.org/upcoming-cmes-events

Name

For hotel reservations, call the Embassy Suites at 405-364-8040 and mention "OOA 2019." If you have questions about hotel reservations, email audrey@okosteo.org.

OKLAHOMA OSTEOPATHIC ASSOCIATION'S 119TH ANNUAL CONVENTION

Degree





ADVOCACY
Empowering the Physicians, Patients
& the Profession

				_	-3		
Preferred First Name for Badge		G	uest(s)				
City of Practice Phone			Email Address				
Special Needs or Dietary Requests*							
*Must be submitted before April 11, 2019							
REGISTRATION FEES	*DE DEMS\	ON OR BEFORE 04.11.19 \$ 599	04.11.19	\$	Registration 1	「otal	
 DO Member Registration (including CO*RE REMS) DO Member Proper Prescribing & Risk Management Only Registration* Retired DO Member Registration (including CO*RE REMS) 			5 \$ 200	\$	Membership F	ee Total*	
 □ DO NonMember Registration (including CO*RE REMS) □ DO NonMember Proper Prescribing & Risk Mgmt. Only Registration* \$1, 			5 \$1,220	\$	Guest Registr	ation Total*	
MD/Non-Physician Registration (including CO*RE REMS)MD/Non-Physician Proper Prescribing & Risk Mgmt. Only Registration *			\$ 645	\$	Guest Ticket ⁻	Total*	
			e free 5 \$ 300	\$	IUD Workshop) Total*	
□ Saturday Only DO Nonmmber Registra□ Saturday Only MD/Non-Physician Regi	stration⁺	\$ 875 \$ 275	5 \$ 300	\$	Total Enclose	:d/Due	
Registration includes name badge(s), registration gift, and all meatincludes Proper Prescribing Course, Risk Management Course, or			rty, unless otherwise noted.		'	*if applicable	
A' LA CARTE		Of OR BEFORE 04.11.19	04.11.19				
□ Two-Hour Contraception/IUD Workshop		\$ 75	\$ 100				
GUEST REGISTRATION	On OR BEFORE 04.11.19	AFTER 04.11.19	the time of the co	onference to qua	e current at the time of r lify for member rates. Re	equests for refunds	
□ Spouse/Guest/Exhibitor Registration	\$ 220	\$ 245	must be received before April 11, 2019, and a \$30 service fee will be charged. No refunds after April 11, 2019. A printed syllabus will not be available.				
GUEST TICKETS	ADULT	CHILD	PAYMENT INFORMATION:				
□ Thursday Lunch Ticket □ Friday Lunch Ticket	x \$ 30 x \$ 30	x \$ 20 x \$ 20					
Friday Family Fun Night Ticket	x \$ 60	x \$ 25	☐ Credit Card Information Below (all information must be provided below for				
□ Saturday Lunch Ticket□ Saturday President Dinner Ticket	x \$ 30 x \$100	x \$ 20 x \$100	your card to be	processed.)			
			□ VISA □ MA	STERCARD	□ DISCOVER □ AI	MERICAN EXPRESS	
MEMBERSHIP FEES			Name on Card				
□ 3 or more years in practice \$600 □ 2nd Year of Practice \$400							
☐ 1st Year of Practice		Credit Card No.					
☐ Military☐ Out-of-state	\$ 100 \$ 100		Exp. Date		3 Digit CID No.		
			Billing Addres	S			
TO COMPLETE YOUR REGISTRATION			City	City ST & ZIP			
Mail this form to 4848 N. Lincoln Blvd., OKC, OK 73105Fax this form to 405.528.6102							
- I av (1119 101111 (0 400.020.0107			Signature				