

REGISTRATION FOR

OKLAHOMA OSTEOPATHIC ASSOCIATION'S VIRTUAL 121ST ANNUAL CONVENTION

April 29 - May 1, 2021 UP TO 27.5 AOA CATEGORY 1-A CREDITS & AAFP CREDITS LIVE-STREAMED VIA ZOOM WEBINAR JASON L. HILL, DO, FACOFP, CONVENTION CHAIR Jonathan K. Bushman, DO, program chair

Specialty

City	of Practice	Phone		Valid Em	ail Address	;	
REG	ISTRATION FEES				ON OR BE 04 / 15		AFTER 04 / 15 / 21
	DO Member Registration (including	Proper Prescri	bing)			560	\$ 590
	DO Member Proper Prescribing & F	Risk Manageme	ent Only Registration		\$	210	\$ 240
	Retired DO Member Registration (ir	ncluding Proper	Prescribing)		\$	335	\$ 365
	DO NonMember Registration (including Proper Prescribing)				\$	1060	\$ 1090
	□ DO NonMember Proper Prescribing & Risk Magement Only Registration				\$	710	\$ 740
	MD/Non-Physician Registration (including Proper Prescribing)				\$	660	\$ 690
	MD/Non-Physician Proper Prescribing & Risk Mgmt. Only Registration				\$	310	\$ 340
	Student Intern Resident Fellow F	Registration			\$	0	\$ 0
S	REGISTRATION TOTAL	+ S	MEMBERSHIP FEE	TOTAL*	= :	3	TOTAL ENCLOSED/DUE

Name

The OOA is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. The OOA designates this program for an anticipated maximum of 27.5 AOA Category 1-A credits & AAFP credits.

REGISTRATION TOTAL

NOTE: Membership dues must be current at the time of registration and at the time of the conference to qualify for member rates.

Requests for refunds must be received before April 15, 2021, and a \$30 service fee will be charged. No refunds after April 15, 2021. A printed syllabus will not be available.

MEMBERSHIP FEES 4 or more years in practice \$ 500 3rd Year of Practice \$400 2nd Year of Practice \$ 300 1st Year of Practice \$ 200 \$ 100 Military Out-of-state \$ 100 Associate Member* \$ 100

TO COMPLETE YOUR REGISTRATION

- Mail this form to 4848 N. Lincoln Blvd., OKC, OK 73105
- Fax this form to 405.528.6102
- Register online at www.okosteo.org/upcoming-cmes-events

PAYMENT INFORMATION

*if applicable

- ☐ Check enclosed (check must be made payable to OOA representing payment for items checked)
- ☐ Credit Card Information Below (all information must be provided below for your card to be processed)
- □ VISA □ MASTERCARD □ DISCOVER □ AMERICAN EXPRESS

Name on Card	
Credit Card No.	
Exp. Date	3 Digit CID No.
Billing Address	
City	ST & ZIP
Signature	

*ASSOCIATE MEMBERSHIP

Associate membership may be granted to teaching, research, administrative, or executive employees of accredited osteopathic colleges or of osteopathic hospitals approved by the American Osteopathic Association, members' full-time employees, and to administrative employees of this Association or of affiliated organizations or of district societies.