

# REGISTRATION FORM



**2020 Winter CME Seminar | January 17-19, 2020**  
**Hard Rock Hotel & Casino**  
**777 W. Cherokee St., Catoosa, OK 74105**  
**For hotel reservations call 1.800.760.6700**  
**17 Hours of AOA Category 1-A Credit**

Name \_\_\_\_\_ Degree \_\_\_\_\_

Preferred First Name for Badge \_\_\_\_\_ Guest(s) \_\_\_\_\_

City of Practice \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Special Needs or Dietary Requests\* \_\_\_\_\_

\*Must be submitted before Jan. 3, 2020

## REGISTRATION FEES

	ON OR BEFORE 01.03.20	AFTER 01.03.20
<input type="checkbox"/> DO Member Registration*	\$ 370	\$ 420
<input type="checkbox"/> DO Member Proper Prescribing & Risk Management Only Registration*	\$ 210	\$ 260
<input type="checkbox"/> Retired DO Member Registration*	\$ 170	\$ 200
<input type="checkbox"/> DO NonMember Registration*	\$ 970	\$ 1,020
<input type="checkbox"/> DO NonMember Proper Prescribing & Risk Management Only Registration*	\$ 810	\$ 860
<input type="checkbox"/> MD/Non-Physician Registration*	\$ 370	\$ 420
<input type="checkbox"/> MD/Non-Physician Proper Prescribing & Risk Management Only Registration*	\$ 210	\$ 260
<input type="checkbox"/> Student   Intern   Resident   Fellow Registration*	free	free

\$	Registration Total
\$	Membership Fee Total*
\$	<b>Total Enclosed/Due</b>

\*if applicable

\* Includes: Proper Prescribing, Risk Management, two continental breakfasts & Saturday luncheon  
+ Four hours of AOA Category 1-A credit on SATURDAY, including Proper Prescribing course, Risk Management  
course and ROGME Poster Symposium presentations.

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 **January 3, 2020**, and a \$30 service fee will be charged. **No refunds after January 3, 2020.** A printed syllabus will not be available.

## MEMBERSHIP FEES

<input type="checkbox"/> 3 or more years in practice	\$ 600
<input type="checkbox"/> 2nd Year of Practice	\$ 400
<input type="checkbox"/> 1st Year of Practice	\$ 300
<input type="checkbox"/> Military	\$ 100
<input type="checkbox"/> Out-of-state	\$ 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/event/winter2019](http://www.okosteo.org/event/winter2019)

## PAYMENT INFORMATION:

- 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 \_\_\_\_\_

## Important Proper Prescribing News

To obtain Proper Prescribing credit through OSBOE, a physician should attend a proper prescribing course that has been approved through the licensure board (speaker and material) and that also has a licensure board member in attendance.



OKLAHOMA OSTEOPATHIC ASSOCIATION  
ADVOCACY AND WELL BEING