

### Christopher C. Thurman, DO, program chair

Specialty

City of Practice Phone			Valid Email Address**			
REGISTRATION FEES	ON C	0R BEF 01.0	ORE	AFTER 01.08.21		
DO Member Registration (including Proper Prescribing)		\$	350	\$ 380	c	
DO Member Proper Prescribing & Risk Management Only Registration			210	\$ 240	Ŷ	REGISTRATION TOTAL
Retired DO Member Registration (including Proper Prescribing)			110	\$ 140		
DO NonMember Registration (including Proper Prescribing)		\$	850	\$ 880	S	<b>MEMBERSHIP FEE TOTAL*</b>
DO NonMember Proper Prescribing & Risk Mgmt. Only Registration			710	\$ 740		
MD/Non-Physician Registration (including Proper Prescribing)		\$	450	\$ 480	S	TOTAL ENCLOSED/DUE
MD/Non-Physician Proper Prescribing & Risk Mgmt. Only Registration		\$	310	\$ 340		
Student   Intern   Resident   Fellow Reg	gistration	\$	0	\$ 0		*if applical

## **ACCREDITATION**

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The OOA is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. The OOA designates this program for a maximum of 17 AOA Category 1-A credits. AAFP credits are pending.

**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 8, 2021, and a \$30 service fee will be charged. No refunds after January 8, 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		
Military	\$ 100		
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

# \*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.

#### **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.)
- UVISA MASTERCARD DISCOVER AMERICAN EXPRESS

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

\*\* Valid email must be provided and opted-in for OOA emails to receive Zoom link.