

AOASM & ARP Combined Annual Meeting - REGISTRATION FORM

Please complete this registration form. Type or print legibly. One form must be filled out for each registrant and payment must accompany the registration form. Registration by telephone will not be accepted. **Register by April 5, 2019, to take advantage of Early Registration discounts!** The deadline for pre-registration is Friday, April 26, 2019. After that time, plan to register at the meeting site. (Please keep a copy of this form for your records.)

Registration Information

First Name: _____

Last Name: _____

Degree: _____

Credential(s): _____

Place of Employment: _____

Mailing Address: _____

City: _____

State/Province: _____

Country: _____

Zip: _____

Is this address: Business? Home?

Daytime Phone: _____

Email Address (required): _____

(Your registration confirmation will be sent via email to this email address.)

Badge Information

This is how your badge will read. Please print clearly and complete only those lines that are different from the "Registration Information" above.

First Name or Nickname: _____

Full Name: _____

Place of Employment: _____

City: _____

State: _____

Country: _____

General Information

Please check here and list any special dietary restrictions (ie: vegetarian, gluten free):

Please check if you need special assistance, and a staff member will contact you shortly via email.

Check here if you wish to OPT IN of the attendee directory for the 2019 exhibitors.

Please provide the following information in case of emergency:

Emergency Contact Name: _____

Daytime Phone: (_____) _____

Evening Phone: (_____) _____

Email: _____

Photo Release: I acknowledge that ARP & AOASM may take photos/videos at the annual conference, and place them on their websites, for future marketing purposes in print and electronically.

Combined AOASM & ARP Registration Fees (May 1-5)

(must be a member of one organization to receive the member rate to attend both conferences).

	On or Before 4/5/19	After 4/5/19
Physician:	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1,025
Allied Health Professional:	<input type="checkbox"/> \$460	<input type="checkbox"/> \$560
Associate:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Fellow:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Resident:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350
Student:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$320
Retired:	<input type="checkbox"/> \$725	<input type="checkbox"/> \$808

Registration Fees (AOASM: May 1-4; or ARP: May 3-5)

	On or Before 4/5/19	After 4/5/19
AOASM Conference		
Member of AOASM or ARP		
Physician:	<input type="checkbox"/> \$425	<input type="checkbox"/> \$475
Allied Health Professional (ATC, PA, PT, etc):	<input type="checkbox"/> \$210	<input type="checkbox"/> \$260
Fellow:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Resident/Intern:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Student:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120
Retired:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$258

Non-Member

Non-Member Physician:	<input type="checkbox"/> \$560	<input type="checkbox"/> \$610
Non-Member Allied Health Professional (ATC, PA, PT, etc):	<input type="checkbox"/> \$310	<input type="checkbox"/> \$360
Non-Member Fellow:	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
Non-Member Resident/Intern:	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
Non-Member Student:	<input type="checkbox"/> \$200	<input type="checkbox"/> \$220
Non-Member Retired:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$258

ARP Conference

Member of ARP or AOASM

Physician:	<input type="checkbox"/> \$475	<input type="checkbox"/> \$550
Allied Health Professional:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Associate:	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
Medical Student/Resident:	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200

Non-Member

Non-Member Physician:	<input type="checkbox"/> \$650	<input type="checkbox"/> \$725
Non-Member Allied Health Professional:	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400
Non-Member Associate:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Non-Member Medical Student/Resident:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300

AOASM or ARP One-Day Conference Registration Fee

	On or Before 4/5/19	After 4/5/19
Physician/Allied Health Professionals	<input type="checkbox"/> \$200	<input type="checkbox"/> \$275
Which Day? <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Associate/Student/Resident/Fellow:	<input type="checkbox"/> \$60	<input type="checkbox"/> \$75
Which Day? <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		

AOASM Pre-Conference Workshop Registration*

The pre-conference workshops are available at a separate fee. Please be sure to include the appropriate payment. Register on or before 4/5/19 to receive the discounted pre-conference registration fee and save money. (*Space is limited; registration is on a first-come, first-served basis.)

	On or Before 4/5/19	After 4/5/19
Workshop Registration		
Basic MSK Ultrasound Workshop	<input type="checkbox"/> \$395	<input type="checkbox"/> \$495
Advanced MSK Ultrasound Workshop	<input type="checkbox"/> \$795	<input type="checkbox"/> \$895
Fascial Distortion Model Workshop	<input type="checkbox"/> \$395	<input type="checkbox"/> \$495

Optional Events

AOASM Student/Resident/Fellow Luncheon (no charge)**

Thursday, May 2, 2019 – 12:00 noon. to 1:30 p.m.

**Please sign up for this event only if you are a
AOASM Student/Resident/Fellow.

Number of tickets _____ (Free)

AOASM Walk/Run Fundraiser for TEAM VIENNA 4 SUDC Awareness

Thursday, May 2, 2019 – 5:45 p.m. to 7:45 p.m.

Number of tickets: _____ X \$20 each = _____

Note: Additional donations are welcomed.

AOASM Award of Fellow Banquet

Friday, May 3, 2019 – 6:00 p.m. to 8:30 p.m.

Number of tickets _____ X \$60 each = _____

AOASM & ARP Reception

Back to the 80s-Texas Style

Friday, May 3, 2019 – 8:30 p.m. to 10:30 p.m.

Number of tickets _____ X \$25 each = _____

ARP Award Banquet

Saturday, May 4, 2019 – 7:00 p.m. to 9:00 p.m.

Number of tickets _____ X \$100 each = _____

Continuing Education Credits

Register for continuing education credits by checking ALL applicable boxes below:

- Yes, I would like to receive AOA Continuing Medical Education (CME) credit hours and/or Board of Certification (BOC) credit hours for the AOASM pre-conference workshop(s).

AOA Number: _____

BOC Number: _____

- Yes, I would like to receive AOA Continuing Medical Education (CME) credit hours for the AOASM conference or the ARP conference.

AOASM Conference

ARP Conference

AOA Number: _____

- Yes, I would like to receive ACCME Continuing Education Credits. AMA PRA Category 1 continuing education (CE) credits will be available at both the AOASM and ARP conferences. Learners must complete an evaluation form to receive a certificate of completion, which will be sent via email.

AOASM Conference

ARP Conference

Email: _____

- Yes, I would like to receive Board of Certification (BOC) credit hours for the continuing education of certified athletic trainers during the AOASM and/or ARP conference this year.

AOASM Conference

ARP Conference

BOC Number: _____

- Yes, I would like to receive Continuing Medical Education (CME) Specialty credit hours from the AOASM and/or ARP conference if applicable to my specialty.

Primary Specialty: _____ Secondary Specialty: _____

Please Note:

- You will receive a credit reporting form electronically during the joint AOASM and ARP conference. Attendees will be responsible for completing and returning the form according to directions on the form.
- CME and BOC credits are not included in the cost of student/resident/fellow registration fees. Please contact the registrar if you'd like to add credits.

AOASM Support-a-Student

Contribution to Support-a-Student Registration Scholarship (optional)

\$100 each student X _____ # of student(s) = _____ total

ARP Ringside Physician Certification Exam

I plan to take the ARP Certification Exam on Monday, May 6, 2019.

Yes* No

*To register and pre-pay for the ARP Examination go to:

<http://www.ringsidearp.org/certification>

Conference Fees

Joint Conference Registration Fee \$ _____

AOASM Conference Registration Fee \$ _____

ARP Conference Registration Fee \$ _____

AOASM or ARP One-Day Conference Registration Fee \$ _____

AOASM Pre-Conference Workshop Registration Fee \$ _____

AOASM Support-a-Student Donation (Optional) \$ _____

AOASM Walk/Run Fundraiser Event \$ _____

AOASM Walk/Run Donation (Optional) \$ _____

AOASM Award of Fellow Banquet \$ _____

AOASM & ARP 80's Reception \$ _____

ARP Award Banquet \$ _____

Total Enclosed: \$ _____

Payment

Check a payment method and enclose your payment for registration fees, as well as any optional events in which you wish to participate.

Check (made payable in US funds, drawn on a US bank to AOASM or ARP)

Mastercard Visa American Express

Card Number: _____

Exp. Date: _____

CVV: _____

Signature: _____

Print Name: _____

Mail or fax this two-page registration form and fees to:

AOASM & ARP

2424 American Lane
Madison, WI 53704 USA

Phone: +1-608-443-2468

Fax: +1-608-443-2474

Email: mjohns@reesgroupinc.com