

Registration Form

2 ways to save! Register by Jan. 11 or by Feb. 22. After Feb. 22 you must register onsite and prices will be higher.



45TH ACADEMY ANNUAL MEETING & SCIENTIFIC SYMPOSIUM

**MARCH 6 – 9, 2019
ORLANDO, FLORIDA**

Mail to The Academy, c/o ExpoTrac, PO Box 1280, Woonsocket, RI 02895, or fax to (401) 765-6677. One registration per form.

BADGE INFORMATION Please type or print legibly. Provide information as you would like it to appear on your badge.

First Name _____ MI _____ Last Name _____

Nickname _____ Job Title _____ Credentials _____

Company/Educational Institution _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____ Email _____ Is email your preferred contact method? YES NO

SPECIAL REQUIREMENTS (Including dietary restrictions) _____

Emergency Contact: _____ Phone: _____ Relationship _____

REQUIRED for continuing education credit tracking

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	–	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	–	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ABC CERT TYPE		ABC I.D. NUMBER	BOC CERT TYPE		BOC I.D. NUMBER

RIBBON INFORMATION check all that apply:

- | | | | |
|--------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Lower-Limb Prosthetics Society (LP) | <input type="checkbox"/> Fabrication Sciences Society (FS) | <input type="checkbox"/> Past President (PP) | <input type="checkbox"/> Behavioral Sciences Society (BS) |
| <input type="checkbox"/> Spinal Orthotics Society (SO) | <input type="checkbox"/> Upper-Limb Prosthetics Society (UP) | <input type="checkbox"/> Fellow of the Academy (FE) | <input type="checkbox"/> JPO Reviewer (JR) |
| <input type="checkbox"/> Craniofacial Society (CF) | <input type="checkbox"/> Gait Society (GA) | <input type="checkbox"/> Chapter President (CP) | <input type="checkbox"/> JPO Editorial Board Member (JB) |
| <input type="checkbox"/> Lower-Limb Orthotics Society (LO) | <input type="checkbox"/> CAD/CAM Society (CC) | <input type="checkbox"/> Speaker (SP) | <input type="checkbox"/> Fellow with Distinction (FD) |

REGISTRATION FEES Academy membership must be current or dues must accompany registration in order to be eligible for member rates. Select the appropriate category below:

- Full Conference–Member** Academy Active Professional International Affiliate
- *Full Conference–Member** Resident Affiliate Emeritus Spouse Honorary
- Full Conference–Nonmember** Practitioner
- Full Conference–Nonmember** *Resident Technician Pedorthist Fitter Assistant
- *Student**
- *Exhibitor Full Conference**—Two complimentary exhibitor registration included per table/booth.
- *Incubator Exhibitor**—One complimentary exhibitor registration per table.
- *Additional Exhibitor**
- | | | | | | |
|----------------------------------|-----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------|--------------------------|
| Single Day Academy member | <input type="checkbox"/> Wed 3/6 | <input type="checkbox"/> Thur 3/7 | <input type="checkbox"/> Fri 3/8 | <input type="checkbox"/> Sat 3/9 | Rates Are Per Day |
| Nonmember | <input type="checkbox"/> Wed 3/6 | <input type="checkbox"/> Thur 3/7 | <input type="checkbox"/> Fri 3/8 | <input type="checkbox"/> Sat 3/9 | |
| Exhibit Hall Only | <input type="checkbox"/> Thur 3/7 \$205 | <input type="checkbox"/> Fri 3/8 \$205 | <input type="checkbox"/> Sat 3/9 \$155 | | |

PRE-REGISTRATION Received by Jan. 11	REGISTRATION Received Jan. 12 – Feb. 22
\$575 <input type="checkbox"/>	\$645 <input type="checkbox"/>
\$265 <input type="checkbox"/>	\$290 <input type="checkbox"/>
\$925 <input type="checkbox"/>	\$995 <input type="checkbox"/>
\$355 <input type="checkbox"/>	\$455 <input type="checkbox"/>
\$95 <input type="checkbox"/>	\$95 <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
\$330 <input type="checkbox"/>	\$330 <input type="checkbox"/>
\$295 <input type="checkbox"/>	\$295 <input type="checkbox"/>
\$445 <input type="checkbox"/>	\$445 <input type="checkbox"/>
\$_____ <input type="checkbox"/>	\$_____ <input type="checkbox"/>

PARTICIPANT INFORMATION

What is your purchasing authority?

- Full decision-making authority
- Joint decision-making authority
- Advisory role
- Not involved in purchasing
- Other

Job Function - check all that apply:

- Orthotist
- Prosthetist
- Pedorthist
- Technician
- Fitter
- Physical Therapist/Occupational Therapist
- First-Time Attendee
- Student
- Resident
- Owner
- Other

I would like to apply for Academy membership. Please contact me.

By registering for this meeting, you acknowledge that you have read and agree to abide by the Academy's Meeting & Conferences Code of Conduct and consent to photographs and/or videos of you being taken at the event without compensation for the promotion of Academy-sponsored events and services.

*Exhibitors, students, and residents registering to earn credit, please refer to the registration instructions. Questions? Contact the Academy via phone at (202) 380-3663 or via email at info@oandp.org.

Visit academyannualmeeting.org for complete registration details and instructions including the Academy's Meeting & Conferences Code of Conduct.

OPTIONAL FUNCTIONS AND SPECIAL EVENTS

- Academy Member Business Meeting (for Academy members only) no additional charge
- Technical Workshops no additional charge
(See Preliminary Program for workshop numbers. Select only one per tier and specify number below.) am _____ (TWA) pm _____ (TWP)
- First Timers Meet-Up (Wed 3/6) no additional charge
- Additional Welcome Reception Tickets (WR) # _____ @ \$45 = \$ _____
- Hands-On Session (CAD/CAM AFOs) \$40
- Hands-On Session (Transfemoral) \$40
- Hands-On Session (Transtibial) \$40

PAYMENT

(Payment must accompany this form.)

- Check payable to AAOP # _____
- AmEx Visa MasterCard

Card No. _____ Exp. Date _____

Print Cardholder Name _____ CV# _____

Cardholder's Address (if different from above) _____

City _____ State _____ Zip _____

Signature _____

Fax credit card payments to (401) 765-6677. To ensure security, credit card companies now require a billing address to process your registration. The cancellation policy can be found at academyannualmeeting.org/registration under "Registration Instructions."

REGISTRATION TOTAL \$ _____

SPECIAL EVENTS TOTAL \$ _____

TOTAL AMOUNT DUE \$ _____