

REGISTRATION FORM



Full Name			
Preferred Name on Badge		AOA Number	
Mailing Address			
City		State	Zip
Work Ph. ()		Cell Phone ()	
Home Ph. ()		E-Mail Address	
Medical Specialty/Subspecialty			
Preferred Name of Spouse/Guest on Badge			
Emergency Contact			
Relation		Telephone ()	

NOTE: TO COMPLETE THE FORM BELOW, ENTER ALL REGISTRATION FEES FROM OPPOSITE SIDE. SEE REGISTRATION INFORMATION SHEET FOR COMPLETE EXPLANATION OF PROGRAMS AND FEES.

REGISTRATION PAYMENT

REGISTRATION.....\$ _____

SPOUSE REGISTRATION.....\$ _____

***GAF (Generational Advancement Fund):** ACOI provides each resident and student in attendance with a medical textbook. The College also provides grants to medical students via their campus internal medicine clubs. Suggested Donation:
\$1000 \$500 \$250 \$200 \$150 \$125 \$100 \$50 Other.....\$ _____

**Your donation to GAF may qualify as a tax deductible charitable contribution.*

ACOI is a 501(c)(3) organization and no goods or services are provided in return for the contribution. A separate receipt will be provided for your records.

TOTAL FEES ENCLOSED.....\$ _____

Payment Method	<input type="checkbox"/> Check to ACOI <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMX	Credit Card Security #
Credit Card Number	Credit Card Exp. Date	
Name on Card	Signature	
<input type="checkbox"/> CHECK HERE IF BILLING ADDRESS IS SAME AS MAILING ADDRESS LISTED ABOVE. IF NOT, PLEASE PROVIDE BELOW		
Billing Address		
City	State	Zip

NOTE: All registrations must be accompanied by a check for payment in full or appropriate credit card information. A processing fee of \$100 will be charged for cancellations received at any time. In order to obtain a refund, written cancellations must be received by September 21, 2020. No refunds will be made after that date, but registration fees may be applied to a future ACOI education activity.

OVER...More registration information on reverse side. Both sides must be completed for form to be processed. You may also register online at www.acoi.org



ACOI CONVENTION REGISTRATION FORM

Please complete **all** areas on **both sides** of registration form. Payment must accompany all registrations. **PLEASE PRINT CLEARLY!**

Name _____ AOA Number _____

REGISTRATION FEES

REGISTRATION CATEGORY (please check appropriate box(es))	ON/BEFORE SEPT 21	AFTER SEPT 21
<input type="checkbox"/> ACOI Member (Training completed PRIOR to 6/30/2015).....	\$795.....	\$845
<input type="checkbox"/> ACOI Young Internist Member (Training completed AFTER 7/01/2015)	\$645.....	\$695
<input type="checkbox"/> ACOI Retired/Emeritus Member	\$645.....	\$695
<input type="checkbox"/> Non-Member Physician.....	\$995.....	\$1045
<input type="checkbox"/> Resident/Fellow (List Training Institution)....	\$100.....	\$100
<hr/>		
<input type="checkbox"/> Resident/Fellow Displaying a Poster (List Training Institution).....	\$100.....	\$100
<hr/>		
<input type="checkbox"/> Student (List Osteopathic College attended).....	N/C.....	N/C
<hr/>		
<input type="checkbox"/> Non-Physician Health Care Professional (RN, PhD, RD, etc.).....	\$795.....	\$845
<input type="checkbox"/> Spouse/Guest Registration	\$125.....	\$175

EVENTS

- Alumni Reception Des Moines University 10/22/2020 5:30pm-7:30pm.....N/C.....N/C
- Alumni Reception Lincoln Memorial University 10/22/2020 5:30pm-7:30pm.....N/C.....N/C
- Alumni Reception Midwestern University/CCOM/AZCOM 10/22/2020 5:30pm-7:30pm.....N/C.....N/C
- Alumni Reception MSUCOM 10/22/2020 5:30pm-7:30pm.....N/C.....N/C
- Alumni Reception RowanSOM 10/22/2020 6:00pm-7:00pm.....N/C.....N/C
- Alumni Reception Botsford Hospital 10/22/2020 5:30pm-7:30pm.....N/C.....N/C

SPECIAL NEEDS: In accordance with the Americans with Disabilities Act, every effort has been made to make this conference and activities accessible to people of all capabilities. Please list specific special assistance needed or contact Susan Stacy at susan@acoi.org.