

# REGISTRATION FORM

## 27TH AAOM ANNUAL CONFERENCE

The Ritz Carlton Amelia Island, Amelia Island, FL - April 28 - May 1, 2010

Last Name

First Name

Credential (MD/DO/ND/PA/DC/RN/PT/PhD/Other)

Speciality

Mailing Address

City

State

Zip

Telephone

Email

The deadline for pre-registration is March 10, 2010.

I hereby authorize use of my:

Visa  MC  Amer. Express Amount: \$ \_\_\_\_\_

### REGISTRATION FEES

	Mbrs	Non-Mbrs	Allied	Stdnt/Rsdnt
<b>Main Conference</b>				
Before 3/10/10	\$595	\$745	\$395	\$295
After 3/10/10	\$695	\$845	\$495	\$395
<b>All day workshop (pre-conference)</b>				
Before 3/10/10	\$295	\$395	\$295	\$195
After 3/10/10	\$395	\$495	\$395	\$295
<b>Evening workshop (pre-conference)</b>				
Before 3/10/10	\$145	\$245	\$145	\$75
After 3/10/10	\$245	\$345	\$245	\$95

Account Number

Exp. Date

Name on Card

Signature

### CANCELLATION POLICY

Requests for refunds must be submitted in writing by March 10, 2010. Your refund less a 50% processing fee will be mailed to you after the conference. No refunds will be granted after March 10, 2010. Registration includes course materials, but does not include hotel accommodations, meals and transportation costs.

### PAYMENT

Make check payable to AAOM (US funds only), or provide credit card information. Registrations will not be processed unless payment is received.

### Mail or Fax to:

American Association  
of Orthopaedic Medicine  
600 Pembroke Dr.  
Woodland Park, CO 80863  
Phone: 888.687.1920  
Fax: 719.687.5184  
register@aaomed.org

**Limited Hotel Space  
BOOK NOW**



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Special room rate \$199 single/double  
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Amelia Island, FL 32034