

AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

2012 Spring Conference

March 23-25, 2012 • Memphis Peabody • Memphis, TN

MEETING REGISTRATION

First Name _____ Last Name _____ Degree _____ AOA# _____

Institution _____

Address _____

City _____ State _____ Zip _____

*Email _____ *Email required for registration confirmation.

Home Phone _____ Office Phone _____ Fax _____

*Preferred method of contact.

	Through Feb. 20, 2012	After Feb. 20, 2012	Total Due
ACOP Members			
<input type="checkbox"/> Fellow, Associate or General Member	\$450	\$500	_____
<input type="checkbox"/> Emeritus Member	\$150	\$200	_____
<input type="checkbox"/> Candidate Member (Intern & Resident)	\$75	\$100	_____
<input type="checkbox"/> Osteopathic Medical Student**	\$25	\$30	_____
Non Members			
<input type="checkbox"/> DO - Member of Other Specialty College	\$500	\$600	_____
<input type="checkbox"/> Osteopathic Medical Student*	\$35	\$45	_____
<input type="checkbox"/> Resident/Intern*	\$95	\$105	_____
<input type="checkbox"/> Other Physicians	\$450	\$500	_____
<input type="checkbox"/> Allied Health Professional	\$250	\$300	_____
<input type="checkbox"/> Spouse/Guest Meal Ticket	\$95	\$95	_____
<i>Includes Breakfast Friday-Sunday</i>			
<input type="checkbox"/> Student Meeting Donation (to help the college subsidize students' attendance)			_____
<input type="checkbox"/> Yes! I will participate in the Boot Camp on March 24, 2012.			n/c _____
* Membership application available at www.ACOPeds.org			Registration Total \$ _____

Payment Check (If paying by check, check must be made payable to ACOP and in US Funds.)

Credit Card Payment: VISA MasterCard Discover American Express

Credit Card No. _____ Exp. Date _____ CVV Security Code [◇] _____

Signature _____ Printed Name on Card _____

Credit Card Billing Address _____ Zip Code _____

[◇]CVV code is the three digit number on the back of VISA or MC or 4 digit number on the front of AMEX card above the account number.

Mail registration/checks to: American College of Osteopathic Pediatricians
2209 Dickens Road • Richmond, Virginia 23230-2005

Online registration available at www.ACOPeds.org.

Cancellation Policy: Full refund through February 20, 2012. 50% refund February 20, 2012. No refunds after March 5, 2012. Refunds will be determined by the date written cancellation is received.