

DOing Pediatric Education Together

Incorporating Osteopathic Medicine into Your Pediatric Practice April 12-15, 2018



**American College of
Osteopathic Pediatricians**
CARING FOR AMERICA'S CHILDREN

**American Academy
of Pediatrics**



DEDICATED TO THE HEALTH OF ALL CHILDREN™
Section on Osteopathic Pediatricians

Sanibel Harbour Marriott Resort & Spa • Fort Myers, FL

A Joint Conference of the American College of Osteopathic Pediatricians and the American Academy of Pediatrics Section on Osteopathic Pediatricians

REGISTRATION FORM

Please indicate your membership affiliation: AAP ACOP Both Neither AOA# _____ AAP# _____

Name _____ Last First MI Credentials _____

Nick Name for Badge _____ Institution _____

Mailing Address _____

City / State / ZIP _____ Country _____

Email Address _____ Email is required for registration confirmation.

Office Phone _____ Home Phone _____ Fax _____

Accompanying Person _____ *Guest will only be allowed to attend breakfasts and reception if you purchase meal tickets.*

Please indicate any special needs or dietary restrictions _____

	Through March 8	After March 8	
<input type="checkbox"/> ACOP or AAP Section on Osteopathic Pediatricians: Member	\$650	\$700	= \$ _____
<input type="checkbox"/> ACOP Emeritus Member	\$275	\$325	= \$ _____
<input type="checkbox"/> Intern <input type="checkbox"/> Resident <input type="checkbox"/> Fellow-in-Training	\$225	\$275	= \$ _____
<input type="checkbox"/> Intern - One Day <input type="checkbox"/> Resident - One Day			
<input type="checkbox"/> Member Medical Student (with Student ID)	\$75	\$85	= \$ _____
<input type="checkbox"/> Non-Member Medical Student (with Student ID)	\$95	\$105	= \$ _____
<input type="checkbox"/> Non-Member Physician	\$750	\$800	= \$ _____
<input type="checkbox"/> Allied Health Professional	\$575	\$625	= \$ _____
<input type="checkbox"/> ACOFP Member	\$700	\$750	= \$ _____
<input type="checkbox"/> OMT Workshop (separate registration) Friday, April 13, 2018	ACOP/AAP/ACOFP member - \$75 Non-member Physician - \$100	Allied Health/Trainee - \$50 Student - \$25	= \$ _____
<input type="checkbox"/> Spouse/Guest Meal Ticket (Breakfasts/Reception)	\$75 / person	\$75 / person	= \$ _____
<input type="checkbox"/> ACOP PRES Fund Donation (\$50 suggested)			= \$ _____ N/C
<input type="checkbox"/> Yes! I will participate in the Wellness Activities	FREE	FREE	= \$ _____
<input type="checkbox"/> I have read and agree to the refund policy below (required for registration confirmation).		REGISTRATION TOTAL	= \$ _____

Concurrent Sessions: Please select a first and second choice from each group of concurrent sessions. Indicate your choices using the assigned session codes. (i.e. TH-1, TH-2, etc.) See Mobile Meeting Guide for Codes: TH-1, TH-2, TH-3, TH-4, TH-5, SA-1, SA-2, SA-3, SU-1, SU-2, SU-3

Thursday, April 12, 2018 11:00 am - 12:00 n _____ First Choice _____ Second Choice 3:30 pm - 4:30 pm _____ First Choice _____ Second Choice

Saturday, April 14, 2018 11:30 am - 12:30 pm _____ First Choice _____ Second Choice 3:00 pm - 4:00 pm _____ First Choice _____ Second Choice

Sunday, April 15, 2018 7:30 am - 8:30 am _____ First Choice _____ Second Choice

METHOD OF PAYMENT Check (Made out to ACOP in US funds) VISA MasterCard American Express Discover

Credit Card No. _____ Exp. Date _____ CVV Security Code* _____

Credit Card Billing Address _____ Zip Code _____

Signature _____ Printed Name on Card _____

*CVV code is the three-digit number on the back of VISA, MC or Discover or four-digit number on the front of AMEX card above the account number.

Online registration and membership application are available at www.ACOPeds.org.

Make payment to: American College of Osteopathic Pediatricians • 2209 Dickens Road • Richmond, VA 23230-2005 • FAX (804) 282-0090

Refund Policy: 80% refund through March 8, 2018; no refunds after March 8, 2018.

Refunds will be determined by the date a cancellation request is received in writing at ACOP.