



# 2019 SPRING CONFERENCE

April 11-14, 2019 • Omni William Penn • Pittsburgh, PA

## REGISTRATION FORM

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Nickname for Badge \_\_\_\_\_ Title (DO, MD, FACOP, FAAP, other) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ AOA# \_\_\_\_\_  
 \*Email \_\_\_\_\_ \*Email required for registration confirmation.  
 Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Please indicate any special needs or dietary restrictions \_\_\_\_\_

	<u>Through March 8, 2019</u>	<u>After March 8, 2019</u>	
<b>ACOP Members</b>			
<input type="checkbox"/> Fellow, Associate or General Member .....	\$450 .....	\$500 .....	\$ .....
<input type="checkbox"/> Emeritus Member .....	\$150 .....	\$200 .....	\$ .....
<input type="checkbox"/> Candidate Member (Intern, Resident Fellow-in-Training) .....	\$75 .....	\$100 .....	\$ .....
<input type="checkbox"/> Osteopathic Medical Student .....	\$35 .....	\$50 .....	\$ .....
<b>Non-Members</b>			
<input type="checkbox"/> DO - Member of Other Specialty College .....	\$550 .....	\$650 .....	\$ .....
<input type="checkbox"/> Intern/Resident/Fellow-In-Training (Non-Member) .....	\$100 .....	\$125 .....	\$ .....
<input type="checkbox"/> Medical School Student (Non-Member) .....	\$50 .....	\$75 .....	\$ .....
<input type="checkbox"/> Other Physicians .....	\$550 .....	\$650 .....	\$ .....
<input type="checkbox"/> Allied Health Professional .....	\$350 .....	\$450 .....	\$ .....
<hr/>			
<input type="checkbox"/> Spouse/Guest Meal Ticket (# _____ Tickets) .....	\$95 .....	\$95 .....	\$ .....
Guest Name(s) _____			
<input type="checkbox"/> Pediatric Research and Education for Students PRES Fund Donation .....			\$ .....
<input type="checkbox"/> Yes! I will participate in the Wellness Activities .....	FREE .....	FREE .....	\$ .....

### ALLERGY AND IMMUNOLOGY SPECIAL SESSION • April 11, 2019 • Separate registration required

With Full Conference Registration	Allergy Session ONLY
<input type="checkbox"/> ACOP Member (Fellow/Emeritus/General/Associate) ..... \$75	<input type="checkbox"/> ACOP Member (Fellow/Emeritus/General/Associate) ..... \$125
<input type="checkbox"/> Intern/Resident ..... \$45	<input type="checkbox"/> Intern/Resident ..... \$75
<input type="checkbox"/> Medical School Student ..... \$25	<input type="checkbox"/> Medical School Student ..... \$40
<input type="checkbox"/> Non-Member (Physician/Allied Health) ..... \$100	<input type="checkbox"/> Non-Member (Physician/Allied Health) ..... \$150
<b>OMT WORKSHOP • April 13, 2019 • Separate registration required</b>	
<input type="checkbox"/> ACOP Member ..... \$75	<input type="checkbox"/> Allied Health Trainee ..... \$50
<input type="checkbox"/> Non-member Physician ..... \$100	<input type="checkbox"/> Student ..... \$25

I have read and agree to the Refund Policy below. **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 four-digit number on the front of AMEX card above the account number.

Online registration and membership application are available at [www.ACOPeds.org](http://www.ACOPeds.org).

Cancellation Policy: Full refund through March 8, 2019. 50% refund March 9, 2019 to March 22, 2019. No refunds after March 22, 2019.

Refunds will be determined by the date written cancellation is received.

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