



2020 SPRING CONFERENCE

April 30-May 3, 2020 • The Broadmoor • Colorado Springs, CO

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 23, 2020</u>	<u>After March 23, 2020</u>	
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 Fellow-in-Training)	\$75	\$100	\$ _____
<input type="checkbox"/> Osteopathic Medical Student.....	\$35	\$50	\$ _____
Non-Members			
<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 Contribution			\$ _____
<input type="checkbox"/> Wellness Activity – Seven Falls Hike & Lunch (Friday)	\$25	\$25	\$ _____
<input type="checkbox"/> Wellness Activity – Morning Yoga (Saturday)	Free	Free	\$ _____ N/C

ALLERGY AND IMMUNOLOGY SPECIAL SESSION • April 30, 2020 • 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
OMT WORKSHOP • May 2, 2020 • Separate registration required			
<input type="checkbox"/> ACOP Member	\$75	<input type="checkbox"/> Allied Health/Trainee (Intern/Resident).....	\$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.
 Cancellation Policy: Full refund through March 23, 2020. 50% refund March 24, 2020 to April 6, 2020. No refunds after April 6, 2020.
 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