

REGISTRATION FORM



2019 OOA Summer CME Seminar | August 23-25, 2019
 Hilton Garden Inn Edmond, OK
 2833 Conference Drive, Edmond, OK, 73034
 For hotel reservations, call 405-285-0900
 17 AOA Category 1-A Credits
 Chaired by: Leslie A. Williams, DO

2019 SUMMER CME

Name _____ Degree _____

Preferred First Name for Badge _____ Guest(s) _____

City of Practice _____ Phone _____ Email Address _____

REGISTRATION FEES

	ON OR BEFORE 08.09.19	AFTER 08.09.19
<input type="checkbox"/> DO Member Registration*	\$ 370	\$ 400
<input type="checkbox"/> DO Member Proper Prescribing & Risk Management Only Registration*	\$ 210	\$ 240
<input type="checkbox"/> Retired DO Member Registration*	\$ 110	\$ 140
<input type="checkbox"/> DO NonMember Registration*	\$ 870	\$ 900
<input type="checkbox"/> DO NonMember Proper Prescribing & Risk Management Only Registration*	\$ 710	\$ 740
<input type="checkbox"/> MD/Non-Physician Registration*	\$ 470	\$ 500
<input type="checkbox"/> MD/Non-Physician Proper Prescribing & Risk Management Only Registration*	\$ 310	\$ 340
<input type="checkbox"/> Student Intern Resident Fellow Registration*	free	free

* Includes: Proper Prescribing, Risk Management, two continental breakfasts & Saturday luncheon
 + Four hours of AOA Category 1-A credit on SATURDAY, including Proper Prescribing course, Risk Management course

\$	Registration Total
\$	A La Carte Total*
\$	Membership Fee Total*
\$	Total Enclosed/Due

*if applicable

A La Carte Workshops - Point-of-Care Ultrasounds

<input type="checkbox"/> Ultrasound Guided Procedures <i>Intravenous access, abscess identification and drainage, and arthrocentesis</i>	\$ 60	\$ 60
<input type="checkbox"/> Office Based Exams <i>Evaluate DVT, aortic pathology, and musculoskeletal disorders</i>	\$ 60	\$ 60

Special Needs or Dietary Requests*

*must be submitted by August 8, 2019

NOTE: Membership dues must be current at the time of registration and at the time of the conference to qualify for member rates. Requests for refunds must be received before **August 8, 2019**, and a \$30 service fee will be charged. **No refunds after August 8, 2019.** A printed syllabus will not be available.

MEMBERSHIP

<input type="checkbox"/> 3 or more years in practice	\$ 600
<input type="checkbox"/> 2nd Year of Practice	\$ 400
<input type="checkbox"/> 1st Year of Practice	\$ 300
<input type="checkbox"/> Military	\$ 100
<input type="checkbox"/> Out-of-state	\$ 100

TO COMPLETE YOUR REGISTRATION

- Mail this form to 4848 N. Lincoln Blvd., OKC, OK 73105
- Fax this form to 405.528.6102
- Register online at www.okosteo.org/upcoming-cmes-events

PAYMENT INFORMATION:

- Check enclosed** (check must be made payable to **OOA** representing payment for items checked.)
 - Credit Card Information Below** (all information must be provided below for your card to be processed.)
- VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Name on Card _____

Credit Card No. _____

Exp. Date _____ 3 Digit CID No. _____

Billing Address _____

City _____ ST & ZIP _____

Signature _____

Important Proper Prescribing News

To obtain proper prescribing credit through OSBOE a physician should attend a proper prescribing course once every year that has been approved through the licensure board (speaker and material) and that also has a licensure board member in attendance.

