

REGISTRATION FORM

2025 Winter CME Seminar
 JANUARY 24-26, 2025
 JEANETTE KELLEY, DO, Chair
UP TO 17 AOA CATEGORY 1-A & AAFP CREDITS!



Name _____ Degree _____
 Preferred First Name for Badge _____
 Guest(s) _____
 City of Practice _____ Phone _____
 Email Address _____

REGISTER ON/BEFORE JANUARY 10TH AND RECEIVE A \$50 DISCOUNT ON THE REGISTRATION FEES BELOW!

REGISTRATION FEES

- DO & MD Member Registration*
- DO & MD Member Proper Prescribing & Risk Management **ONLY** Registration*
- Retired DO & MD Member Registration*
- DO & MD Non-Member Registration*
- DO & MD Non-Member Proper Prescribing & Risk Management **ONLY** Registration*
- Allied Health Provider Registration*
- Allied Health Provider Proper Prescribing & Risk Management **ONLY** Registration*
- Student | Intern | Resident | Fellow Registration*

IN-PERSON REGISTRATION

- \$ 499
- \$ 349
- \$ 239
- \$1094
- \$ 944
- \$ 599
- \$ 449
- free

VIRTUAL REGISTRATION

- \$ 549
- \$ 399
- \$ 289
- \$ 1149
- \$ 994
- \$ 649
- \$ 499
- free

\$	Registration Total
\$	Membership Fee Total*
\$ -50	Early Bird Discount (on or before Jan 10)
\$	Total Enclosed/Due

* 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

I will be attending the **Mentor/Mentee Reception Friday, January 24, 2025** _____ # of Guests

> Requests for refunds must be received before January 10, 2025 and a \$30 service fee will be charged. No refunds after January 10, 2025.

Special Needs or Dietary Requests
 must be submitted by January 10, 2025



BOOK ONLINE



REGISTER ONLINE

HARD ROCK HOTEL & CASINO
 777 W CHEROKEE ST., CATOOSA, OK, 74105
 FOR HOTEL RESERVATIONS, CALL 1.800.760.6700
 OR SCAN QR CODE

RESERVATION DEADLINE: JANUARY 10, 2024

Updated schedule and session information will be available online (www.okosteo.org/upcoming-events) and on the OOA Winter app.

PAYMENT INFORMATION:

- Check enclosed** (check must be made payable to OOA representing payment for items checked.)
- Credit Card Information Below**

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Name on Card _____

Credit Card No. _____

Exp. Date _____ 3 Digit CID No. _____

Billing Address _____

City _____ ST & ZIP _____

Signature _____

* A Convenience Fee may be applied when using credit cards *

WAYS 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
- Scan QR Code