

2019 ACOFP ANNUAL CONVENTION & SCIENTIFIC SEMINARS

March 21 - 24, 2019 | Sheraton Grand Chicago | Chicago, Illinois



The Convention officially begins on Thursday, March 21, but you can also register for extra credit CME programs and hands-on workshops beginning on Monday, March 18.

CONVENTION REGISTRATION

	THROUGH FEBRUARY 13	AFTER FEBRUARY 13
Member*	<input type="radio"/> \$750	<input type="radio"/> \$900
Non-Member*	<input type="radio"/> \$1,250	<input type="radio"/> \$1,400
Retired Member*	<input type="radio"/> \$350	<input type="radio"/> \$400
First Year in Practice*	<input type="radio"/> \$375	<input type="radio"/> \$450
Resident Member	<input type="radio"/> \$250	<input type="radio"/> \$300
Student Member	<input type="radio"/> \$150	<input type="radio"/> \$150
State Society Executive Director	<input type="radio"/> No Fee	<input type="radio"/> No Fee

FACULTY DEVELOPMENT/PROGRAM DIRECTORS WORKSHOP REGISTRATION

TUESDAY, MARCH 19 & WEDNESDAY, MARCH 20

Convention registration not included. Open to all attendees.

Physician	<input type="radio"/> \$395	<input type="radio"/> \$395
Residency Program Coordinator	<input type="radio"/> \$175	<input type="radio"/> \$175

ADDITIONAL CME PROGRAMS

OMT Boot Camp

(Please select date and time you wish to attend)

- Monday, 3:00 - 7:00 pm Physician \$225
- Tuesday, 3:00 - 7:00 pm Resident \$100
- Wednesday, 3:00 - 7:00 pm

Written Test Taking Board Review Workshop

- Wednesday, 8:00 am - 12:00 pm Physician \$225
- Resident \$100
- Student \$75

HANDS-ON WORKSHOPS

Dermatology Skills Including an Introduction to Basic Wound Care

- Wednesday, 8:00 am - 5:00 pm \$375

Joint Injection

- Wednesday, 2:00 - 6:00 pm \$275

Splinting & Bracing

- Friday, 2:00 - 4:30 pm \$200

Introduction to Ultrasound for the Family Physician

- Friday, 2:00 - 4:30 pm \$200

IUD Insertion & Minor Gynecological Procedures

- Friday, 2:00 - 4:30 am \$200

Assessment and OMT Treatment of Common Osteopedic Concerns

- Saturday, 8:00 - 10:30 am \$200

*Includes ticket to the President's Reception and Banquet.

\$_____ **Total**

**ADDITIONAL
REGISTRATION**

	THROUGH FEBRUARY 13	AFTER FEBRUARY 13
Spouse / Guest*	<input type="radio"/> \$150	<input type="radio"/> \$175
Child (Ages 6-18)*	<input type="radio"/> \$50	<input type="radio"/> \$80
Child (Ages 5 or younger)	<input type="radio"/> No Fee	<input type="radio"/> No Fee

AUXILIARY FUNDRAISER SPONSORSHIP

The ACOFP Auxiliary will hold its annual fundraising event during ACOFP '19. Show your support by sponsoring the Auxiliary's fundraising efforts. All sponsors making a donation by February 1 will have their names and sponsorship level recognized during ACOFP '19.

- | | | |
|--|--|--------------------------------------|
| <input type="radio"/> Diamond (\$5,000) | <input type="radio"/> Platinum (\$1,000) | <input type="radio"/> Silver (\$500) |
| <input type="radio"/> Sapphire (\$1,500) | <input type="radio"/> Gold (\$750) | <input type="radio"/> Bronze (\$250) |
| | | <input type="radio"/> Other \$_____ |

FRIDAY, 8:00 - 10:00 AM**AUXILIARY FAMILY BREAKFAST**

All attendees and their families are invited to attend. 8:00 am 9:00 am

_____ + _____ = _____
adults attending *children attending* *total # attending*

FRIDAY, 9:00 - 10:30 AM**LUNCH SESSION:
WOMEN, MEDICINE & LEADERSHIP**

(limited to 125 participants)

Students & Residents Tickets: \$35 x _____ = \$ _____

Member Tickets: \$55 x _____ = \$ _____

Would you like to make a donation to fund students attending the program? \$ _____

SATURDAY, 7:00 PM**ADDITIONAL PRESIDENT'S BANQUET TICKETS**

Physicians, spouse/guests and children ages 6 and older receive a ticket to the President's Reception and Banquet with their paid registrations. State Society Executive Directors, residents and osteopathic medical students, their spouse/guests and children who like to attend the President's Reception and Banquet must purchase tickets for the event.

Adults: \$100 x _____ = \$ _____

State Society Executive Directors: \$100 x _____ = \$ _____

Residents, students & children under 18: \$50 x _____ = \$ _____

\$ _____ **Total this section**

REGISTRATION INFORMATION

AOA/ACOFP ID#: _____ NPI#: _____ Preferred Email Address: _____

Full Name: _____ Preferred Daytime Phone: _____

Name as it Should Appear on Badge: _____ Preferred Number: Home Work Cell

Street Address: _____ Preferred Address: Home Office

City: _____ State: _____ Zip: _____ Fax: _____

Dietary Restrictions or Accessibility Needs: _____

Spouse / Guest Name(s): _____ Child Name(s): _____

Spouse / Guest Email(s): _____

PAYMENT METHOD:

Check enclosed, please make payable to "ACOFP"

MC Visa Amex Discover

Total Remittance: \$ _____

Credit Card Number: _____ Expiration Date: _____

Print Name on Card: _____ Signature: _____

Register online at: www.acofp.org

MAIL:

ACOFP '19, 330 E. Algonquin Road, Suite 1, Arlington Heights, IL 60005

FAX:

847.228.9755

Questions? Call 847.952.5100



*Includes ticket to the President's Reception and Banquet.