

# 2019 REGISTRATION

August 23 - 25, 2019 | Loews Chicago O'Hare Hotel



## PRE-PROGRAM SESSION: THURSDAY, AUGUST 22

	Time	Cost	Extra Credits
OMT - Written Test & Talking Skills	2:00 - 6:00 pm	<input type="checkbox"/> \$150	4
OMT - Pre-Test Review	7:00 - 9:00 pm	<input type="checkbox"/> \$75	2

## PROGRAM REGISTRATION FEE

**Before July 30, 2019**    ☐ \$850 Members    ☐ \$1,150 Non-Members\*    ☐ \$470 Residents  
**After July 30, 2019**    ☐ \$950 Members    ☐ \$1,250 Non-Members\*    ☐ \$520 Residents

Course materials will be available online. Please indicate if you would like to receive additional materials onsite.

☐ Hard copy binder (additional fee of \$90)

*A limited number of binders will be available onsite for \$125*

Total \$ \_\_\_\_\_

## FRIDAY, AUGUST 23: EVENING SESSIONS

*Additional fees apply and attendance is limited.*

	Time	Cost	Extra Credits
<b>Session #1:</b> Opioids	6:30 - 8:00 pm	<input type="checkbox"/> \$75	1.5
<b>Session #2:</b> Basic OMT Demonstration	8:00 - 9:30 pm	<input type="checkbox"/> \$75	1.5

## SATURDAY, AUGUST 24: EVENING SESSIONS

*Additional fees apply and attendance is limited.*

	Time (indicate 1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> preference, if applicable)	Cost	Extra Credits
<b>Session #1:</b> Examination Techniques for Office Orthopedics - Primary Orthopedics: What You Need to Know	6:00 - 8:00 pm	<input type="checkbox"/> \$75	2
<b>Session #2:</b> Practical Examination Scenarios: Simulated Test Taking and Hands-On Approach	_____ 6:00 - 7:00 pm _____ 7:00 - 8:00 pm _____ 8:00 - 9:00 pm	<input type="checkbox"/> \$75	1

## SUNDAY, AUGUST 25: AFTERNOON SESSION

*Additional fees apply and attendance is limited.*

	Time	Cost	Extra Credits
<b>Session #1:</b> ACOFP Family Medicine Institute: EKG Review and Interpretation Workshop	12:15 - 1:45 pm	<input type="checkbox"/> \$75	1.5

Register online at [www.acofp.org](http://www.acofp.org)

Extra Credit Session Total \$ \_\_\_\_\_

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## **PERSONAL INFORMATION**

AOA/ACOF ID #: \_\_\_\_\_ Email Address: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name as it should appear on badge: \_\_\_\_\_

Street Address: \_\_\_\_\_ ☐ Office ☐ Home

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ ☐ Home ☐ Office ☐ Cell

Dietary Restrictions or Accessibility Needs: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **PAYMENT METHOD**

☐ Check enclosed, please make payable to "ACOF" Total Remittance: \_\_\_\_\_

Credit Card: ☐ MasterCard ☐ VISA ☐ Amex ☐ Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Registrations are non-transferable. To receive a refund, less a \$50 processing fee, cancellations must be in writing and received by August 1, 2019. After this date, all registration fees are non-refundable.

**Questions? Call 800.323.0794 | Register online at: [www.acofp.org](http://www.acofp.org)**

ACOF Intensive Update & Board Review Registration

330 E. Algonquin Road, Suite 1

Arlington Heights, IL 60005

Fax: 847.228.9755

**[registration@acofp.org](mailto:registration@acofp.org)**

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FAMILY PHYSICIANS

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