

# REGISTRATION

## ACOFP OMT BOOT CAMP

OMED '19

Thursday, October 24 9:00am - 1:00pm OR 4:00pm - 8:00pm  
Baltimore, Maryland

### PROGRAM REGISTRATION FEE

**BEFORE SEPTEMBER 16, 2019**

\$225 Physicians

\$100 Residents

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

**AFTER SEPTEMBER 16, 2019**

\$275 Physicians

\$100 Residents

**PLEASE SELECT THE DATE & TIME YOU WISH TO ATTEND:**

Thursday, October 24, 2019 • 9:00am - 1:00pm

Thursday, October 24, 2019 • 4:00pm - 8:00pm

### PERSONAL INFORMATION

AOA/ACFP 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 "ACFP"

Credit Card:  MasterCard  VISA  Amex  Discover

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

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

### REGISTRATION INFORMATION

Registrations are non-transferable. To receive a refund, less a \$50 processing fee, cancellations must be in writing and received by September 24, 2019. After this date, all registrations are non-refundable.



#### MAILING ADDRESS:

OMT Boot Camp Registration  
330 E. Algonquin Road, Suite 1  
Arlington Heights, IL 60005



#### REGISTER ONLINE:

[www.acofp.org](http://www.acofp.org)



#### QUESTIONS?

Call 800.323.0794  
Fax: 847.228.9755