

2018 ACOFP ANNUAL CONVENTION & SCIENTIFIC SEMINARS

March 22 - 25, 2018 | Austin, Texas | JW Marriott Austin



The Convention officially begins on Thursday, March 22, but you can also register for extra credit CME programs and hands-on workshops beginning on Monday, March 19.

CONVENTION REGISTRATION

Member*	<input type="radio"/>	\$900
Non-Member*	<input type="radio"/>	\$1,300
Retired Member*	<input type="radio"/>	\$400
Resident Member	<input type="radio"/>	\$300
Student Member	<input type="radio"/>	\$150
State Society Executive Director	<input type="radio"/>	No Fee

ADDITIONAL REGISTRATION

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

ADDITIONAL CME PROGRAMS

OMT Boot Camp

(Please select date and time you wish to attend)

<input type="radio"/> Monday, 3:00 - 7:00 pm	Physician	<input type="radio"/>	\$225
<input type="radio"/> Tuesday, 3:00 - 7:00 pm	Resident	<input type="radio"/>	\$100
SOLD OUT <input checked="" type="radio"/> Wednesday, 3:00 - 7:00 pm			

Written Test Taking Board Review Boot Camp

Wednesday, 8:00 am - 12:00 pm

Physician	<input type="radio"/>	\$225
Resident	<input type="radio"/>	\$100
Student	<input type="radio"/>	\$75

Essentials of Addiction Medicine

Wednesday, 8:00 am - 12:00 pm

\$250

HANDS-ON WORKSHOPS

Joint Injection

Wednesday, 8:00 am - 12:00 pm

\$275

Dermatology Skills Including an Introduction to Basic Wound Care

Wednesday, 8:00 am - 5:00 pm

\$375

Splinting & Bracing

Friday, 1:30 - 4:00 pm

\$200

Incorporating OMT in the Office Setting

Friday, 1:30 - 4:00 pm

\$200

Introduction to Ultrasound for the Family Physician

Friday, 1:30 - 4:00 pm

\$200

IUD Insertion & Minor Gynecological Procedures

Saturday, 8:00 - 10:30 am

\$200

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

\$ _____ **Total**

SATURDAY, 12:00 - 2:00 PM

LUNCH SESSION:

WOMEN, MEDICINE & LEADERSHIP

(limited to 125 participants)

Students & Residents Tickets: \$25 x _____ = \$ _____

Member Tickets: \$45 x _____ = \$ _____

Would you like to make a donation to fund students coming to 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 _____ = \$ _____

AUXILIARY FUNDRAISER SPONSORSHIP

The ACOFP Auxiliary will hold its annual fundraising event during ACOFP '18. 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 '18.

- Diamond (\$5,000) Platinum (\$1,000) Silver (\$500)
- Sapphire (\$1,500) Gold (\$750) Bronze (\$250)
- Other \$ _____

FRIDAY, 8:00 - 10:00 AM

AUXILIARY FAMILY BREAKFAST

All attendees and their families are invited to attend.

_____ x _____	+	_____ x _____	=	_____ SOLD OUT _____
adults attending		children attending		total # attending

SPONSOR A STUDENT - HELP BUILD THE OSTEOPATHIC FUTURE

Sponsor an Osteopathic medical student to attend the ACOFP Annual Convention and Scientific Seminars.

I would like to select the following sponsorship level:

- \$1,000 \$500 \$250

Sponsorships include funding for registration, hotel and airfare. All students will be required to apply, submit receipts, and provide proof of attendance at their programs. Students will be matched up by location and specific sponsor requests. This program is funded by the ACOFP Education & Research Foundation - all donations are tax deductible.

\$ _____ 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 Registration Form to:
ACOFP '18, 330 E. Algonquin Road, Suite 1, Arlington Heights, IL 60005

Fax Registration To:
847.228.9755

Questions? Call 847.952.5100

