

2019 Residency Program Fair Registration Form



THURSDAY, MARCH 21, 2019
4:30 - 6:30 pm

The ACOFP is assessing a \$250 fee per table to defray a portion of Residency Program Fair expenses.

CHECK THE APPROPRIATE BOX:

- Residency Training Program
- OPTI Affiliate
- Other _____

AOA Program Number: _____

Program Name or OPTI Affiliate Name: _____

Program Director or OPTI Executive Director: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Contact Person: _____

Submitted by: _____ Date: _____

I will bring a raffle prize to donate to the students. Yes No

PAYMENT INFORMATION:

Total Amount Due: \$250

- Check enclosed, made payable to "ACOFP"

Charge to: MasterCard VISA American Express Discover

Credit Card Number: _____ Exp. Date: _____ CSV Code: _____

Print Name on Card: _____

Authorized Signature: _____

The deadline for table registration form submission is Friday, February 22, 2019. If you have any questions please contact [Bina Mehta](#), 847-952-5105.

Please fax: 847.228.9755, or mail to:
ACOFP Residency Program Fair • 330 E. Algonquin Road, Suite 1 • Arlington Heights, Illinois 60005