

—ADVANCE REGISTRATION FORM—

All requested information is needed for CME credit

25th National Conference
ASSOCIATION OF MILITARY OSTEOPATHIC PHYSICIANS AND SURGEONS
UMDNJ/SOM, Stratford, New Jersey May 3-6, 2008

Rank _____ Name _____

Service Branch _____

Address _____

City, State, Zip _____

E-Mail, if applicable _____

AOA Number, if applicable _____

Osteopathic College _____ Year Graduated _____

Registration Fees: check appropriate boxes:

AMOPS Member \$325

Non-Member \$375

Retired, Non-practicing Physician \$75

Physician Assistants & RNs \$75

Intern or Resident \$75

Student, no charge

Spouse \$60

I plan to attend the President's dinner on Monday night (cost is included in all registrations). We need to know who is attending the dinner so that we can give an accurate number to the caterer.

Enclosed is my check made out to **AMOPS** in the amount of \$ _____ to cover advance registration costs as checked above.

Or

Visa MasterCard

Account Number _____

Exp. Date ____/____/____ (mm/yyyy)

Name on account _____

Phone # _____

Signature _____

Amount Charged \$ _____

Please mail this form and your check to: **AMOPS, 1796 Severn Hills Lane, Severn, MD 21144-1061**
If charging, you may fax completed form to: **410-519-7657**