

**—ADVANCE REGISTRATION FORM—**

**27th National Conference**

**ASSOCIATION OF MILITARY OSTEOPATHIC PHYSICIANS AND SURGEONS**

College of Osteopathic Medicine of the Pacific (COMP)

April 22-25, 2010

Rank \_\_\_\_\_ Name \_\_\_\_\_

Service Branch \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-Mail, if applicable \_\_\_\_\_

AOA Number \_\_\_\_\_ Osteopathic College & Year Graduated \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> AMOPS Member or COMP Alumni \$330                   | <input type="checkbox"/> Non-Member \$380                 |
| <input type="checkbox"/> Retired, Non-practicing Physician \$200             | <input type="checkbox"/> Physician Assistants & RNs \$200 |
| <input type="checkbox"/> Intern or Resident \$200                            | <input type="checkbox"/> Student, no charge               |
| <input type="checkbox"/> Student, with dinner only \$65                      |   |
| <input type="checkbox"/> Spouse \$165, includes 4 lunches, breaks & 1 dinner | <input type="checkbox"/> Spouse, with dinner only \$65    |

I plan to attend the President's dinner on Friday night. (We must give the caterer an accurate number) Cost of dinner is included in all paid registrations.

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**