

—ADVANCE REGISTRATION FORM—
29th National Conference
ASSOCIATION OF MILITARY OSTEOPATHIC PHYSICIANS AND SURGEONS
PCOM-GA, Duluth, GA May 3-6, 2012

Rank _____ Name _____

Service Branch _____

Address _____

City, State, Zip _____

E-Mail _____

AOA Number _____ Osteopathic College & Graduation Year _____

- AMOPS or GOMA Member \$430 Non-Member \$480
 Retired, Non-practicing Physician \$200 Physician Assistants & RNs \$200
 Intern or Resident \$200 Student, no charge Student, with dinner \$65
 Spouse \$165, includes 4 lunches, breaks & 1 dinner 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 but you **must** tell us that you plan to attend the dinner.

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) CVV (security number on back) _____

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**