Kentucky Osteopathic Medical Association

Annual CME Conference Registration Form • June 9-11, 2017

Registration Information

Please complete all items on the registration form enclosed—type or print legibly. Keep one copy of this completed form for your records. Please be sure to provide an email address so that we can send your registration confirmation. If you do not receive a confirmation email within three weeks of registering, please call the KOMA Office at +1-608-441-1060, or send an email to info@koma.org to verify receipt of your registration form.

Choose to register one of two ways:

1. Fax your completed registration form with credit card information to +1-608-443-2474.
2. Mail your completed registration form and payment to the KOMA Office (2424 American Lane, Madison, WI 53704).

Contact Information

Send confirmation and conference information to:

Prefix: ❒ Dr. ❒ Mr. ❒ Ms. ❒ ____

Address Type: ❒ Work ❒ Home

First Name: _____

Nickname (if applicable):_____ Middle Initial: ____

Last Name: _____ Degree: _____

Company/Institution: _____

Board Certification(s): _____

Mailing Address: _____

City:_____State: _____Zip:_____

Phone: _____Fax:_____

Email: _____

Badge Information

Please complete only those lines that are different from the "Registration Information."

Name or Nickname:_____

Company/Affiliation:_____

City, State: _____

Please provide a contact name, phone number(s) of a friend or relative, and note any special assistance in case of emergency:

Name: _____

Phone: _____

❒ I need special assistance. (A KOMA staff member will contact you.)

Conference Registration Fees

	Pre-Registration Fee	*On-site Reg Fee*
Member (DO)	❒ $395	❒ $495
Non-Member (DO)	❒ $550	❒ $650
Retired (DO)	❒ $200	❒ $300
Resident	❒ $125	❒ $150
Student	❒ $50	❒ $60

One-Day Conference Registration Fee

	Pre-Registration Fee	*On-site Reg Fee*
Member/Non-Member (DO)	❒ $250	❒ $275
Retired (DO)	❒ $75	❒ $100
Resident	❒ $50	❒ $75
Student	❒ $25	❒ $35

Which day? ❒ Thursday ❒ Friday ❒ Saturday

Attendee Guest Registration Fees

Attendees are welcome to bring a guest to the KOMA conference. Please select the appropriate option:

	Pre-Registration Fee	*On-site Reg Fee*
Attend One-Day Only	❒ $25	❒ $35
Which day? ❒ Thursday ❒ Friday ❒ Saturday		
Attend Entire Conference	❒ $50	❒ $60

Guest Name: _____

**Note: Meals included in the Registration Fee are available to Registered Guests as well. There is an additional fee for all guests to attend the Presidential Reception.*

Membership Fees

If you are renewing or joining KOMA at this time, please select the appropriate level:

❒ Licensed Physician	$400
❒ First Year in Practice	$200
❒ Resident/Intern	$50
❒ Osteopathic Student	$25
❒ Retired Physician	$50
❒ Out of State DO	$50
❒ Associate Membership	$50

**A percentage of dues payments are deductible by members as an ordinary and necessary business expense. The organization estimates 2% of your annual membership dues is spent on lobbying expense and therefore nondeductible as a business expense. Please consult your tax consultant for further information.*

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Support-A-Student

Contribution to support a Student Registration Scholarship (optional)

❒ $50 ❒ $100 ❒ $250 ❒ Other: $_____

Continuing Education Credits

AOA #: _____

Register for continuing education credits by checking ALL of the applicable boxes below:

❒ Yes, I would like to receive Continuing Medical Education (CME) credits.

❒ Yes, I would like to receive Continuing Medical Education (CME) Specialty credits.

Primary Specialty: _____

Please note: You will receive a credit reporting form when you pick up your registration materials on site, and you will be responsible for completing and returning this form to the KOMA Registration Desk prior to the end of the conference.

Presidential Reception and Foundation Auction

❒ Yes, I am interested in attending the Presidential Reception.

❒ Yes, I am interested in bringing guest(s) for only the Presidential Reception.

I am bringing ____ adults, at $25 per person.

Names of guests attending: _____

_____

I am bringing ____ children (5 years or younger), at no charge.

I am bringing ____ children (6-13 years), at $10 per person.

Names of children attending: _____

_____

❒ I, or my guests, have dietary restrictions. Please note:

❒ Vegetarian (Qty:___)

❒ Kosher (Qty:___)

❒ Other restrictions: _____(Qty:___)

❒ No, I am not interested in attending the Presidential Reception.

❒ Yes, I am interested in donating an item for the Foundation Auction.

Payment Information

Conference Registration Fee(s):	$_____
One-Day Registration Fee(s):	$_____
Guest Registration Fee(s):	$_____
Membership Fee(s):	$_____
Support-A-Student (optional):	$_____
Presidential Reception:	
Guest(s): Children (6-13) _____X $10 each	$_____
Guest(s): Adult _____X $25 each	$_____
Total Payment:	**$**_____

Check one of the following options and enclose payment.

Forms not accompanied by proper registration fees will be returned.

❒ Check (payable to KOMA)

❒ Credit Card (❒ Visa ❒ Mastercard)

Credit Card Number:_____

Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Registration Cancellation Policy

Refund requests by participants must be sent in writing to the KOMA Office no later than June 1, 2017. The reason for the refund request must be specifically indicated in the letter. There will be a $50 service charge for all refunds.

KENTUCKY OSTEOPATHIC MEDICAL ASSOCIATION