



**'20 VIRTUAL ANNUAL WINTER UPDATE LIVE**

**REGISTRATION FORM**

Name (*indicate first and last*) Degree AOA Member Number

Mailing Address (*indicate  office  residence*) City State Zip Code

Telephone Number (*indicate  office  residence  cell*) Medical College Year of Graduation

E-Mail Address Specialty Certification

**REGISTRATION FEES**

(*circle appropriate fee*)

	<b>Through 11/6/20</b>	<b>After 11/6/20</b>
Member*	\$633	\$733
Resident/Intern Member	\$250	\$350
Student**	\$125 (\$50)	\$225 (\$100)
Spouse/Guest	\$150	\$250
Non Member	\$820	\$920
Resident/Intern Non Member	\$325	\$425

\* Member of IOA or respective state association. (Please provide verification of membership status if in a respective state association).

\*\* Discounted student registration fees are supported by the Motyka Dannin Foundation.

Check (*made payable to IOA*) enclosed.

Charge to:  Visa  Mastercard  Discover  American Express

Card Number Expiration Date CVC Number Authorized Signature

**CANCELLATIONS & REFUNDS:**

The IOA must receive notice of cancellations by November 6, 2020, to grant full refunds. If originally paid by credit card, cancellations are subject to a 5% service fee. All cancellations received after November 6 are subject to a 15% service fee. After November 20, 2020, all cancellations are subject to a 25% service fee.

**MAIL REGISTRATION FORM WITH PAYMENT TO:**

Indiana Osteopathic Association  
3200 Cold Spring Road  
Michael A. Evans Center for Health Sciences, Suite 107  
Indianapolis, IN 46222-1997.

**QUESTIONS?**

Call (317) 926-3009 or send an email message to [info@inosteo.org](mailto:info@inosteo.org).

**SPECIAL NEEDS?**

Contact the IOA before November 6, 2020, if possible.