



# On-demand Practice Management Program registration

Sept. 29 – Oct. 2

On-demand Practice Management Program attendees are eligible to claim CE credit only for the On-demand Practice Management Program sessions.

All payments must be made in U.S. dollars.

Mail registration form along with check payable to AAOMS or credit card information to: AAOMS  
Attn: Registration  
9700 W. Bryn Mawr Ave.  
Rosemont, IL 60018-5701

OR fax registration and credit card information to 847-678-6279.

A separate registration form must be completed for each OMS and professional staff member.

Mailed or faxed registration forms must be received at AAOMS headquarters by Sept. 24.

Registrant AAOMS ID NUMBER \_\_\_\_\_

First Name	Middle Initial	Last Name	Degree(s)	Nickname
Practice Name				
Practice Address	City	State/Province/County	ZIP/Postal Code	Country
Practice Phone	Fax	Email (A unique email address is required for each registrant.)		

### On-demand Practice Management Program registration fees

Registrant: Check proper category. All fees are listed in U.S. dollars.

	Through July 1	July 2 through July 31	After July 31
<input type="checkbox"/> Other professional staff of an AAOMS member (U.S. only)	\$ 500	\$ 550	\$ 600
<input type="checkbox"/> AAOMS allied staff member	\$ 400	\$ 450	\$ 500
<input type="checkbox"/> AAOMS fellow/member/affiliate/candidate/applicant	\$ 400	\$ 450	\$ 500
<input type="checkbox"/> CAOMS member/affiliate	\$ 400	\$ 450	\$ 500
<input type="checkbox"/> Non-member who is not an OMS	\$ 500	\$ 550	\$ 600
<input type="checkbox"/> International resident	\$ 500	\$ 550	\$ 600
<input type="checkbox"/> International OMS who is not a member of AAOMS or CAOMS	\$ 500	\$ 550	\$ 600
<input type="checkbox"/> U.S. OMS who is not a member of AAOMS	\$2,100	\$2,150	\$ 2,150

**Total due** \$ \_\_\_\_\_

### Payment method

Check Enclosed (made payable to AAOMS)

or

Credit Card:  American Express  Discover  MasterCard  Visa

Credit Card Number \_\_\_\_\_

Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Signature \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province/County \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Do you wish to be notified when post-meeting recordings are available for purchase and indefinite access?  Yes  No

Source Code D