



**2023 National Simulation Program:
Office-Based Emergency Airway Management (OBEAM) Module**

Daniel M. Laskin Institute for OMS Education and Innovation • 9700 W. Bryn Mawr Ave. • Rosemont, IL 60018

Registration is available on a first-come, first-served basis. Each registrant may attend only one session.

I am available to attend:	If able to attend more than one session, please rank in order of preference:		Registration deadlines:
April 29, 8 a.m. – noon (SIM123042908)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Registration ends April 24
April 29, 1 – 5 p.m. (SIM123042913)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Registration ends April 24
Nov. 4, 8 – 10 a.m. (SIM123110408)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Registration ends Oct. 30
Nov. 4, 11 a.m. – 1 p.m. (SIM123110411)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Registration ends Oct. 30
Nov. 4, 2 – 4 p.m. (SIM123110414)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Registration ends Oct. 30
Nov. 30, 8 – 10 a.m. (SIM123113008)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Registration ends Nov. 27
Nov. 30, 11 a.m. – 1 p.m. (SIM123113011)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Registration ends Nov. 27
Nov. 30, 2 – 4 p.m. (SIM123113014)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Registration ends Nov. 27

AAOMS fellow/member/life member/affiliate/candidate: **\$850**

AAOMS Member ID Number _____

Registrant First Name Middle Initial Last Name Degree(s) Nickname

Practice Name Practice Address

City State ZIP Code

Practice Phone Number Fax Number Email (A unique email address is required for each registrant.)

By registering, I agree to abide by the COVID-19 safety protocols that AAOMS has in place for this event. _____
Please initial

The OBEAM participant curriculum is provided to the participant upon registration and consists of approximately four hours of pre-course material. I acknowledge that completion of the pre-course curriculum earns continuing education credits and enhances the simulation experience. _____
Please initial

\$ _____ enclosed Check made payable to AAOMS enclosed Credit Card: American Express Discover MasterCard Visa

Credit Card Number Security Code Expiration Date

Name of Cardholder Signature of Cardholder

Credit Card Billing Address

City State ZIP Code

All payments must be made in U.S. dollars. Pre-payment is required.

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

Cancellation Policy: Cancellations must be made in writing and faxed to AAOMS at 847-678-6279. A \$200 cancellation fee will be applied if a written cancellation is received more than 30 days prior to a scheduled session. The entire registration fee will be forfeited if a written cancellation is received fewer than 30 days in advance.