

Saturday-only Registration Form



Note: This registration form is for attendance only on Saturday, Sept. 21.

If you wish to register for additional days, please visit AAOMS.org/Boston and select the appropriate registration form.

Saturday-only registration is available exclusively to AAOMS members and their staff.

Saturday-only attendees are eligible to claim CE credit only for Saturday 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.

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.)

Saturday General Registration Fees

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

- AAOMS/NVMKA fellow/member/life/affiliate/candidate/applicant \$ 225
- Other professional staff of an AAOMS member (U.S. only) \$ 225
- AAOMS allied staff member \$ 225

Optional Session and Event Fees

AAOMS President's Event at Fenway Park (open to all attendees and guests)

Friday, Sept. 20, 7 - 10 p.m.

- Adult ticket(s) purchased through July 31 ___ qty x \$ 95 = \$ _____
- Adult ticket(s) purchased after July 31 ___ qty x \$ 115 = \$ _____
- Tickets for those 20 years old and younger) ___ qty x \$ 60 = \$ _____
(Must purchase adult ticket with children's ticket.)

Anesthesia Assistants Skills Lab

- Saturday, Sept. 21, 8 a.m. - noon (XASL02) \$ 175

AAOMS National Simulation Program – Basic Emergency Airway Management (BEAM) Module

(Available only to AAOMS members and their staff. Staff must be accompanied by a participating OMS. Maximum three staff per participating OMS.)

- Saturday, Sept. 21, 8 a.m. - noon (XSIM1A)
 - AAOMS Fellow/Member \$ 800
 - Allied Staff Member/Professional Staff \$ 700

Participating OMS Name and AAOMS ID Number

- Saturday, Sept. 21, 1 - 5 p.m. (XSIM1P)
 - AAOMS Fellow/Member \$ 800
 - Allied Staff Member/Professional Staff \$ 700

Participating OMS Name and AAOMS ID Number

Total Registration Fee Due \$ _____

Spouse/significant other (No fee required unless spouse requires CE credit.)

First Name Last Name

Children's badge information (No fee required.)

First Name Last Name

First Name Last Name

First Name Last Name

Check if special accommodations are required for any member of your party.

Prepayment is required. All payments must be made in U.S. dollars.

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 Card Holder

Signature

Credit Card Billing Address

City

State/Province/County

ZIP/Postal Code

Country

Do you wish to be notified when the following are available?

- Yes No Session recordings
- Yes No AAOMS centennial history book

Source Code SAT-D