

ANNUAL MEETING 2014

MAOP Meeting Registration

Name: _____

Medical School: _____

AOA #: _____

Year of Graduation: _____

Contact Information (Required for badge)

Name for Badge: _____

City: _____

Street Address: _____

State: _____

Phone: _____

Zip Code: _____

Email: _____

Registration Type (Check one)

Membership in MAOP is verified prior to Annual Meeting 2014

	Early Bird Rate thru September 1st	After September 1st
<input type="checkbox"/> DO or MD Physician Member	\$450	\$495
<input type="checkbox"/> DO Intern/Resident Member (Member dinner ticket not included)	\$100	\$150
<input type="checkbox"/> Student Member* (Member dinner ticket not included)	\$50	\$95
<input type="checkbox"/> Non-member DO or MD	\$650	\$695

Note: MAOP member dues must be paid by March 31, 2014

MAOP President's Cocktail Reception

President's Cocktail Reception (One ticket is included with each registration)

Yes! I will attend the reception. No. I am unable to attend.

Additional tickets @ \$50 each: _____ Total number attending: _____

Registration Totals

Registration Fee \$ _____

Additional Reception Tickets (@ \$50 each) \$ _____

Cocktail Reception Honoring Brian Kahan, DO, President \$ 0

Total: \$ _____

Registration Payment Method

Check (made payable to AOCPMR)

Am. Express MasterCard Visa Discover

Credit Card #: _____

Expiration Date: _____ CCV: _____

Billing Address: _____

City, State, ZIP: _____

Signature: _____

Mail or fax completed registration to: MAOP · PO Box 4 · Phillipsburg, NJ 08865 · Fax (866) 925-8568

Cancellation Policy: Requests for cancellation refunds must be postmarked by September 15, 2014. After that, MAOP will issue credit.