Registration Form

32ND ACADEMY ANNUAL MEETING & SCIENTIFIC SYMPOSIUM

March 1-4, 2006 • Chicago, Illinois

CONFIRMATION WILL BE MAILED APPROXIMATELY 2 WEEKS AFTER REGISTRATION IS RECEIVED. ONE REGISTRATION PER FORM.
Mail to: AAOP, c/o ExpoTrac, PO Box 1280, Woonsocket, RI 02895 or fax to: (401) 765-6677.

Badge Information *Please type or print legibly. Provide information as you would like it to appear on your badge.*

Nick Name | First Name | MI | Last Name | Credential

Company

Address | City | State | Zip

Phone | Fax | Email

REQUIRED— for Continuing Education credit tracking: | C | P | O | 0 | 0 | — | 0 | 6 | 2 | 4 | 3 |
Example

BOC CERT TYPE | BOC ID NUMBER

ABC CERT TYPE | ABC ID NUMBER

BCP CERT TYPE | BCP ID NUMBER

SPECIAL REQUIREMENTS *(including dietary restrictions)* _____

RIBBON INFORMATION *Please check all that apply:*
☐ Speaker (SP) ☐ Fellow of the Academy (FE) ☐ Past President (PP)
☐ Lower-Limb Prosthetic Society (LP) ☐ Lower-Limb Orthotic Society (LO) ☐ Upper-Limb Prosthetic Society (UP) ☐ CAD/CAM Society (CC)
☐ Spinal Orthotics Society (SO) ☐ Fabrication Sciences Society (FS) ☐ Gait Society (GA) ☐ Chapter President (CP)
☐ Craniofacial Society (CF)

Registration Fees *2005-2006 Academy membership dues must be paid to be eligible for the member rates.*

Please check all that apply: ☐ Academy Member		PRE-REGISTRATION received by Feb. 4		ON-SITE REGISTRATION received after Feb. 4	
Full Conference — *Academy Active, Associate, Professional, International Affiliate Members*		(FCME)	$ 475 ☐	(FCM)	$ 550 ☐
Full Conference — *Nonmember*		(FCNE)	$ 815 ☐	(FCN)	$ 900 ☐
Full Conference — *Candidate/Resident Affiliate Emeritus Student Spouse (circle one)*		(FCDE)	$ 175 ☐	(FCD)	$ 200 ☐
Full Conference — *Nonmember ABC Technician Fitter and Assistant Resident Student*		(FCTE)	$ 275 ☐	(FCT)	$ 375 ☐
Exhibitor Full Conference — *Two complimentary exhibitor registrations included per table.*		(FCEXC)	☐		☐
Additional Exhibitor — *This registration rate is for exhibitors in excess of two per table.*		(FCEX)	$ 200 ☐	(FCEX)	$ 200 ☐
Single Day	*Academy Member* ☐ *Wed 3/1* ☐ *Thu 3/2* ☐ *Fri 3/3* ☐ *Sat 3/4* (rates are per day)	(DM_E)	$ 240 ☐	(DM_)	$ 290 ☐
	Nonmember ☐ *Wed 3/1* ☐ *Thu 3/2* ☐ *Fri 3/3* ☐ *Sat 3/4*	(DN_E)	$ 390 ☐	(DN_)	$ 440 ☐
Exhibit Hall Only ☐ *Fri 3/3* (EXF) $150 ☐ *Sat 3/4* (EXS) $100 (rates are per day)			$_____		$_____
Children *(Ages 11-18)*		(CE)	$ 75 ☐	(C)	$ 75 ☐

REGISTRATION FEES SUBTOTAL _____

Payment *(payment must accompany this form)*

☐ Check *(payable to AAOP)* ☐ Visa ☐ MC ☐ AmEx

Card Number | Exp Date

Print Cardholder Name

Cardholder's Address if different from above

City | State | Zip

Signature

Fax credit card Payments to 401-765-6677
To ensure your security, credit card companies now require a billing address. We must have this to process your registration. Cancellation policy may be found on page 23.

Optional Functions & Special Events

☐ Please renew my Academy membership
☐ Contribution to advance the profession-Project Quantum Leap $_____
☐ AAOP Member Business Meeting *(for Academy members only)* *no additional charge*
☐ Clinical Techniques [ ] CT1 [ ] CT2 [ ] CT3 @ $ 75 ea. = $_____
☐ Technical Workshops — *no additional charge*
(See program for workshop numbers; select only 1 per tier; specify number below)
am _____ (TWA) *pm* _____ (TWP)
☐ Technician Program *Saturday* *no additional charge*
☐ Additional Welcome Reception Tickets (WR) #_____ @ $ 30=$_____
☐ City Tour – *Friday* @ $ 50 ea. = $_____

OPTIONAL TICKETS SUBTOTAL $_____

Total Fees $_____