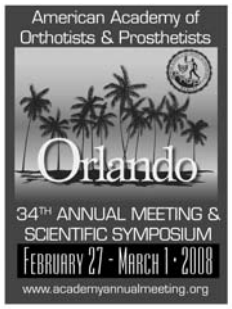
REGISTRATION FORM

34TH ACADEMY ANNUAL MEETING AND SCIENTIFIC SYMPOSIUM

February 27 - March 1, 2008 • Orlando, Florida

CONFIRMATION WILL BE SENT 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.*

First Name MI Last Name

Nickname Credentials

Company

Street Address Suite #

City State Zip Phone Fax

Email Is email the preferred contact method? YES NO

REQUIRED — for Continuing Education credit tracking: |C|P|0|0|0|–|0|6|2|4|3| (Example) |_|_|_|_|_|–|_|_|_|_| (ABC Cert Type / ABC ID Number) |_|_|_|_|_|–|_|_|_|_| (BOC Cert. Type / BOC ID Number)

SPECIAL REQUIREMENTS *(including dietary restrictions)*_____

RIBBON INFORMATION *Please check all that apply:*

- ☐ Lower-Limb Prosthetics Society (LP)
- ☐ Spinal Orthotics Society (SO)
- ☐ Craniofacial Society (CF)
- ☐ Lower-Limb Orthotics Society (LO)
- ☐ Fabrication Sciences Society (FS)
- ☐ Upper-Limb Prosthetics Society (UP)
- ☐ Gait Society (GA)
- ☐ CAD/CAM Society (CC)
- ☐ Past President (PP)
- ☐ Fellow of the Academy (FE)
- ☐ Chapter President (CP)
- ☐ Speaker (SP)

REGISTRATION FEES *2007-2008 Academy membership dues must be paid to be eligible for the member rates.*

Please check all that apply:	PRE-REGISTRATION Received by Jan. 25		ON-SITE-REGISTRATION Received after Jan. 25	
Full Conference — *Academy Active, Associate, Professional, International Affiliate Members*	(FCME)	$490 ☐	(FCM)	$565 ☐
Full Conference — *Nonmember*	(FCNE)	$830 ☐	(FCN)	$915 ☐
Full Conference — *Candidate/Resident Affiliate Emeritus Student Spouse (circle one)*	(FCDE)	$185 ☐	(FCD)	$210 ☐
Full Conference — *Nonmember ABC Technician CPed Fitter and Assistant Resident Student*	(FCTE)	$285 ☐	(FCT)	$385 ☐
*Exhibitor Full Conference — *Two complimentary exhibitor registrations included per table.* (*Not eligible for credits)	(FCEXE)	☐	(FCEXE)	☐
*Additional Exhibitor — *This registration rate is for exhibitors in excess of two per table.*	(FCEX)	$250 ☐	(FCEX)	$250 ☐
Single Day — *Academy Member* ☐ *Wed 2/27* ☐ *Thur 2/28* ☐ *Fri 2/29* ☐ *Sat 3/1* (rates are per day)	(DM_E)	$250 ☐	(DM_)	$300 ☐
Nonmember ☐ *Wed 2/27* ☐ *Thur 2/28* ☐ *Fri 2/29* ☐ *Sat 3/1*	(DN_E)	$400 ☐	(DN_)	$450 ☐
Exhibit Hall Only — ☐ *Fri 2/29 (EXF) $160* ☐ *Sat 3/1 (EXS) $110*	$_____		$_____	
Children — *(Ages 11 - 18)*	(CE)	$100 ☐	(C)	$100 ☐

REGISTRATION FEES SUBTOTAL $_____

PAYMENT *(payment must accompany this form)*

☐ Check payable to AAOP #_____ ☐ Visa ☐ MasterCard

Card No. Exp. Date

Print Cardholder Name

Cardholders 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. The cancellation policy may be found at www.academyannualmeeting.org/registration and in the Preliminary Program under Registration Instructions.

OPTIONAL FUNCTIONS & SPECIAL EVENTS

- ☐ I would like to apply for Academy Membership, please contact me.
- ☐ Please renew my Academy Membership.
- ☐ AAOP Member Business Meeting *(for Academy members only)* no additional charge
- ☐ Clinical Techniques [ ] CT1 [ ] CT2 [ ] CT3 @ $35 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) #_____ @ $35 = $_____

* *See Registration Instructions in the Preliminary Program.*

OPTIONAL TICKETS SUBTOTAL $_____

TOTAL FEES $_____