

Kansas Association of Osteopathic Medicine  
**ANNUAL CONVENTION – OVERLAND PARK MARRIOTT**  
 April 22-24, 2010  
**REGISTRATION FORM**

Name	Title	AOA #	College/Yr Graduation
Address		City	Zip Code
Office Phone	Email Address		
Package (indicate letter + number) _____ Sponsor a Medical Student ___\$25 ___\$50 ___\$100___ Other			
			Total Amount Enclosed \$ _____

(Cut here and return in enclosed envelope.)

<b>REGISTRATION PACKAGES</b>		
(Select one)		
	<b>Before April 15</b>	<b>After April 15</b>
<b>Plus Package (All Activities Plus Guest Ticket for Kickoff Luncheon, &amp; Friday Evening Reception)</b>		
A-1 Member Physician	\$430	\$480
A-2 Non-Member Physician	\$630	\$680
A-3 Physician Assistant	\$430	\$480
A-4 Resident/Intern	\$200	\$250
<b>Individual Package (All Activities)</b>		
B-1 Member Physician	\$355	\$405
B-2 Non-Member Physician	\$555	\$605
B-3 Physician Assistant	\$355	\$405
B-4 Resident/Intern	\$125	\$175

All registration packages include 26 Hours of Category 1-A CME, three lunches, two breakfasts, and refreshment breaks. The **“Individual”** package includes Friday Presidential Reception. The **“Plus”** package includes all events plus a guest for both Thursday’s lunch and Friday night’s Presidential Reception.

**CANCELLATIONS & REFUNDS**

The KAOM must receive notice of cancellation by April 1, 2010, to grant a full refund. Cancellations received after April 1, are subject to a \$30 service fee. After April 8, no refunds will be granted.

**TWO REGISTRATION OPTIONS: by check with top of registration form or with a credit card online through PayPal at [www.kansasdo.org](http://www.kansasdo.org). **CREDIT CARDS ONLY ACCEPTED FOR ONLINE REGISTRATION.****

MAIL CHECK TO: Kansas Association of Osteopathic Medicine  
 1260 SW Topeka Blvd  
 Topeka, KS 66612

**QUESTIONS?**

Telephone 785-234-5563 or email [cmdirector@aol.com](mailto:cmdirector@aol.com)