

Kansas Association of Osteopathic Medicine  
**MID-YEAR CONFERENCE**  
November 12-13, 2010, Hilton Airport Hotel, Wichita, Kansas  
**REGISTRATION FORM**

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Name	Title	AOA #
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Address	City	Zip Code
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Office Phone	Email Address	Med School/Yr Graduated
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Sponsor a Medical Student ___\$25 ___\$50 ___\$100___Other		Total Amount Enclosed \$ _____

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(Cut here and return in enclosed envelope.)

**REGISTRATION 2010 KAOM MID-YEAR CONFERENCE**

	<u><b>Before November 5</b></u>	<u><b>After November 5</b></u>
Member Physician/ Physician Assistant	\$360	\$410
Non-Member Physician	\$510	\$560
Resident/Intern	\$ 85	\$135

Registration includes 18 hours of Category 1A CME credit, lunches, breakfasts, refreshment breaks, and a Friday evening reception in the hotel.

**CANCELLATIONS & REFUNDS**

The KAOM must receive notice of cancellations by October 29 to grant a full refund. Cancellations received after October 29 are subject to a \$30 service fee. After November 5, no refunds will be granted.

**TWO REGISTRATION OPTIONS: by check with top of registration form or with a credit card online 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)