Registration Form

31ST ACADEMY ANNUAL MEETING & SCIENTIFIC SYMPOSIUM

March 16-19, 2005 • Orlando, Florida

CONFIRMATION WILL BE MAILED APPROXIMATELY 2 WEEKS AFTER REGISTRATION IS RECEIVED. ONE REGISTRATION PER FORM.
Mail to: AAOP, co 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)
- ☐ Lower-Limb Prosthetic Society (LP)
- ☐ Lower-Limb Orthotic Society (LO)
- ☐ Spinal Orthotics Society (SO)
- ☐ Fabrication Sciences Society (FS)
- ☐ Craniofacial Society (CF)
- ☐ Fellow of the Academy (FE)
- ☐ Upper-Limb Prosthetic Society (UP)
- ☐ Gait Society (GA)
- ☐ Past President (PP)
- ☐ CAD/CAM Society (CC)
- ☐ Chapter President (CP)

Registration Fees *2004-2005 Academy membership dues must be paid to be eligible for the member rates.*

Please check all that apply:
☐ Academy Member ☐ ACPOC Member ☐ ACPOC meeting attendee

		PRE-REGISTRATION received by Feb. 11		ON-SITE REGISTRATION received after Feb. 11	
Full Conference — *Academy Active, Associate, Professional, International Affiliate Members & ACPOC Members*		(FCME)	$ 450 ☐	(FCM)	$ 525 ☐
Full Conference — *Nonmember*		(FCNE)	$ 790 ☐	(FCN)	$ 875 ☐
Full Conference — *Candidate/Resident Affiliate Emeritus Student Spouse (circle one)*		(FCDE)	$ 150 ☐	(FCD)	$ 175 ☐
Full Conference — *Nonmember ABC Technician, Fitter and Assistant Resident Student*		(FCTE)	$ 250 ☐	(FCT)	$ 350 ☐
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 3/16* ☐ *Thu 3/17* ☐ *Fri 3/18* ☐ *Sat 3/19* (rates are per day)	(DM_E)	$ 225 ☐	(DM_)	$ 275 ☐
	Nonmember ☐ *Wed 3/16* ☐ *Thu 3/17* ☐ *Fri 3/18* ☐ *Sat 3/19*	(DN_E)	$ 375 ☐	(DN_)	$ 425 ☐
Exhibit Hall Only ☐ *Fri 3/18* (EXF) $150 ☐ *Sat 3/19* (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 21.

Optional Functions & Special Events

- ☐ Please renew my Academy membership
- ☐ Contribution to advance the profession-Project Quantum Leap $_____
- ☐ AAOP Member Breakfast *(for Academy members only)* *no additional charge*
- ☐ Clinical Techniques [ ] CT1 [ ] CT2 Part 1 [ ] CT2 Part 2 [ ] 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)
- ☐ ACPOC Workshop A ____ Workshop B ____ *no additional charge*
- ☐ Fitter Program *- Saturday* *no additional charge*
- ☐ Technician Program *- Friday & Saturday* *no additional charge*
- ☐ Additional Welcome Reception Tickets (WR) #_____ @ $ 30=$_____

OPTIONAL TICKETS SUBTOTAL $_____

Total Fees $_____