Idaho Osteopathic Physicians Association

### 2019 Spring COnference Registration FOrm April 12-13, 2019

### Eagle Hilton Garden Inn

Registration Details

DR  MR  MRS  Ms

Last Name: First Name:

Company/Institution: Board Certification:

Home Address:

City: State: Zip Code:

Phone: Cell Phone:

Personal Email:

W**o**rk Address:

City: State: Zip Code:

Phone: Fax:

Work Email:

Registration Fee

*Become a member when registering to this workshop and benefit from the discounted members’ rate from now on*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Already IOPA member \*** | |  | **Non-Members** | |
| **Registration Fee -Physician** |  | $ 300 |  |  | $ 350 |
| **Residents and students** |  | $ 50 |  |  |  |

*The registration fee includes workshop material, coffee breaks and lunch.*

**\*I confirm my following membership is paid and valid for 2019**

Membership – 2019 Dues

| Licensed Physician | $375 |  |
| --- | --- | --- |
| Resident | $50 |  |
| Student | $10 |  |
| Out of State DO | $100 |  |

COntinuing Education Credits

|  |  |  |  |
| --- | --- | --- | --- |
| AOA # | # |  | **You must turn in your signed attestation form to receive credits** |
| Category 1 A Credits | Yes | NO |  |
| Specialty Credits Requested | Primary Specialty: |  |  |

**Specific diet requirements (vegetarian, allergies, etc.) …………………………....................................................................**

**If you need any other specific facilities (wheelchair access etc.) do not hesitate to inform us.**

Cancellation Policy

Refund Requests must be sent in writing to IOPA no later than April 1, 2019. The reason for the refund/cancellation must be specifically indicated in the letter. There will be a $50 service charge for all refunds.

Support A Student

*Contribution to support a Student Registration and Scholarships (optional)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| $50 | $ 100 |  | $ 250 | Other | \_\_\_\_\_\_\_\_\_\_ |

Payment information

|  |  |
| --- | --- |
| **Conference Registration** | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Membership Fee** | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Support a Student (consider making a donation to support student scholarships)** | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TOTAL PAYMENT DUE** | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CREDIT CARD:**  American Express  MasterCard  VISA | | | | | |
| **Cardholder** |  | | **Amount:** | …………….…….…… | |
| **Card #:** |  | **Exp date:** |  | **Security Code (CVC):** |  |
| **Date:** |  | **Signature:** |  | | |

**Mail to: IOPA 13526 W. Telemark Street, Boise, ID 83713**

**or email to Suzanne Frederick, MSN Executive Director at: suzie.fred@Hotmail.com**