

2022 Pre-Convocation Course Registration Form

Select the courses you want to register for and write the registration fee for each, then total.

- | | | |
|--------------------------------|---|----------|
| <input type="checkbox"/> | Fascial Distortion Model: Treatment of the Shoulder, Ankle, and Knee | \$ _____ |
| <input type="checkbox"/> | Fascial Distortion Model: Advanced Learning | \$ _____ |
| <input type="checkbox"/> | A Manual Approach to the Brain Part 1 (No students allowed in this course) | \$ _____ |
| <input type="checkbox"/> | Basic Diagnostic Musculoskeletal Ultrasound For the Elbow | \$ _____ |
| <input type="checkbox"/> | Intermediate/Adv. Diagnostic Musculoskeletal Ultrasound for Nerve Entrapments | \$ _____ |
| <input type="checkbox"/> | AOASM Sports Medicine Board Review Course | \$ _____ |
| | | ----- |
| Total Registration Fees | | \$ _____ |

By registering, you agree to abide by the AAO's [code of conduct](#), [photo and video release](#), and [cancellation policy](#).

Required Selection:

- I am a practicing health care professional.
- I am a resident.
- I am an osteopathic or allopathic medical student.

Register online at academyofosteopathy.org, or submit this registration form and your payment by:

Email: eventplanner@academyofosteopathy.org

Mail: American Academy of Osteopathy
3500 DePauw Blvd., Suite 1100
Indianapolis, IN 46268-1136

Your Information

Name: _____ AOA No.: _____

Nickname for badge: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Payment Information

The AAO accepts check, Visa, MasterCard and Discover payments in U.S. dollars; American Express is not accepted.

Credit Card Number: _____

Cardholder Name: _____

Expiration Date: _____ 3-digit CVV: _____

Billing address (if different): _____

I hereby authorize the American Academy of Osteopathy to charge the above credit card for the amount of the course registration fee(s).

Signature: _____