

AROC 2020

ATTENDEE REGISTRATION FORM

LIVE VIRTUAL WEBINAR

Dates: September 9th - 12th

Personal Information

Name	
AOA #:	
Specialty:	

Office Information:

Preferred Contact (if different from practice):

Practice Name		Address:	
Street Address:		City/State/Zip:	
City/State/Zip:		Phone:	
Office Phone:		Email:	
Office Email:			

Registration Type (please check one):

Membership in state associations is verified prior to AROC

LIVE WEBINAR

<input type="checkbox"/> DO or MD Active/Associate Member in respective state society (state: __)	__ \$645
<input type="checkbox"/> Active 1st Year Member <input type="checkbox"/> DO Retired Member <input type="checkbox"/> DO Life Member	__ \$445
<input type="checkbox"/> Fellow Member <input type="checkbox"/> Resident Member <input type="checkbox"/> Intern Member (out of NJ)	__ \$225
<input type="checkbox"/> New Jersey Fellow, Resident, or Intern Member <input type="checkbox"/> Student Member*	__ \$0
<input type="checkbox"/> DO Applying for 2020 NJAOPS Membership*	__ \$970
<input type="checkbox"/> Non-Member DO or MD	__ \$920
<input type="checkbox"/> Advanced Practice Nurse or Nurse Practitioner <input type="checkbox"/> Physician Assistant	__ \$645

Notes: NJAOPS dues must be paid by **12/31/20**. *For complete list of registration/membership rates, please visit www.njosteo.com and click on the AROC 2020 Registration tab. Include 2020 dues for non-members since 2017.

Registration Payment Totals

Registration Fee (from top list)	\$ _____
AROC 2019 Exhibit Card Completion Discount	\$ _____
NJACOFM Member Discount	\$ _____
__ 50/50 Promotion (50% now, 50% by 9/30)	
Total	\$ _____

Registration Payment Method

Registration Fee (from top list)	Check #: _____
<input type="checkbox"/> AmEx <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover	
Credit Card #:	
Exp. Date:	CW: _____
Billing Address:	
City, State, Zip:	
Card Holder Name:	
Signature:	

CANCELLATION POLICY:

Requests for cancellation refunds must be requested by **August 9, 2020**

Mail registration to: 666 Plainsboro Road, Suite 356, Plainsboro, NJ 08536 | Fax registration to: 732.940.8899

For any questions, please contact Tajma Kotoric at: 732.940.9000 ext. 303, or tkotoric@njosteo.com