



**ATLANTIC REGION  
OSTEOPATHIC  
CONFERENCE 2021**

**ATTENDEE  
REGISTRATION FORM**

**Hotel Reservations: 609.449.1000  
Room Discount Code: AROC 2021**

**Personal Information**

Name	<input type="checkbox"/> <i>In Person Conference (Live at Hard Rock Atlantic City)</i>
AOA #:	<input type="checkbox"/> <i>Online Conference (Live Virtual Conference)</i>
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:	Name(s) for Guest Badges: _____

**Registration Type (please check one):**

*Membership in state associations is verified prior to AROC*

**Postmarked by:**

**January 15                      March 15                      March 31**

<input type="checkbox"/> DO or MD Active/Associate Member in respective state society (state: __)	__ \$545	__ \$595	__ \$645
<input type="checkbox"/> Active 1st Year Member <input type="checkbox"/> DO Retired Member <input type="checkbox"/> DO Life Member	__ \$345	__ \$395	__ \$445
<input type="checkbox"/> Fellow Member <input type="checkbox"/> Resident Member <input type="checkbox"/> Intern Member (out of NJ)	__ \$200	__ \$200	__ \$225
<input type="checkbox"/> New Jersey Fellow, Resident, or Intern Member <input type="checkbox"/> Student Member*	__ \$0	__ \$0	__ \$0
<input type="checkbox"/> DO Applying for 2020 NJAOPS Membership*	__ \$ _____	__ \$ _____	__ \$ _____
<input type="checkbox"/> Non-Member DO or MD	__ \$820	__ \$870	__ \$920
<input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Physician Assistant	__ \$545	__ \$595	__ \$645
<input type="checkbox"/> Medical Practice Manager (with a paid attendee) Name: _____	__ \$0	__ \$0	__ \$0

**Notes:** NJAOPS dues must be paid by **12/31/20**. \*For complete list of registration/membership rates, please visit [www.njosteo.com](http://www.njosteo.com) and click on the AROC 2021 Registration tab. Include 2021 dues for non-members since 2018.

**2020 Workshops:**

**Schedule:**

**Additional Fee:**

<input type="checkbox"/> TBD	Day/time TBD	\$20.00
<input type="checkbox"/> TBD	Day/time TBD	\$20.00
<input type="checkbox"/> TBD	Day/time TBD	\$20.00

**Registration Payment Totals**

Registration Fee (from top list)	\$ _____
Guest Badge Fee (\$50 each additional)	\$ _____
Additional Workshop Fee (\$20 each)	\$ _____
AROC 2019 Exhibit Card Completion Discount	- \$ _____
NJACOF Member Discount	- \$ _____
<b>Total</b>	<b>\$ _____</b>

**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:	_____
<b>Card Holder Name:</b>	_____
<b>Signature:</b>	_____

**CANCELLATION POLICY:**

**Requests for cancellation refunds must be requested by March 31, 2021**

**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](mailto:tkotoric@njosteo.com)