



April 14–17, 2010 • Bally's Atlantic City
 AROC Information: 732-940-9000
 AROC Registration Fax: 732-940-8899
 Bally's Group Reservations Desk: 800-345-7253
 Monday–Friday, 9:00 a.m.–5:00 p.m. (Group Code "GBAR10")

CONVENTION REGISTRATION

Online registration and hotel reservations are available at www.njosteo.com. Please print clearly if you complete and fax this form.

AOA#: _____ Medical School: _____ Year of Graduation: _____

Name: _____ Specialty: _____

Office Information (Required for badge bar code)

Practice Name: _____
 Street Address: _____
 City, State, ZIP: _____
 Office Phone: _____
 Office Fax: _____
 Office E-mail: _____
 Office Web Site: _____

Preferred Contact Information (If different from office)

Street Address: _____
 City, State, ZIP: _____
 Preferred Phone: _____
 Preferred Fax: _____
 Preferred E-mail: _____

Badges are *required* by registrants and accompanying guests (including children of any age) for exhibit hall entry.

First and Last Names of Guests (i.e., spouse, children, etc. @ \$25 each): _____

Registration Type (Check one)

Membership in state associations is verified prior to AROC.

	Postmarked by: March 20	After March 20 or Onsite
<input type="checkbox"/> DO or MD Active/Associate Member in respective state society (state: _____)	\$475	\$575
<input type="checkbox"/> DO Retired Member <input type="checkbox"/> DO Life Member <input type="checkbox"/> APN <input type="checkbox"/> Physician Assistant	\$285	\$385
<input type="checkbox"/> DO Intern Member* <input type="checkbox"/> Resident Member* <input type="checkbox"/> Student Member* (*Reception/banquet not incl.)	\$0	\$0
<input type="checkbox"/> DO Applying for Active Membership in New Jersey (Includes 2010 membership dues)		
<input type="checkbox"/> First full year of practice	\$575	\$675
<input type="checkbox"/> Second year of practice	\$640	\$740
<input type="checkbox"/> Third year of practice	\$705	\$805
<input type="checkbox"/> Fourth or more year of practice	\$800	\$900
<input type="checkbox"/> Non-member DO or MD	\$750	\$850
<input type="checkbox"/> Practice Manager* Name: _____ (*Reception/banquet not incl.)	\$25	\$25

Note: NJAOPS dues must be paid by March 31, 2010.

Additional Function Tickets

Alumni Luncheons

I will attend my medical school alumni luncheon, Thursday (April 15) at 12:30 p.m., at no charge: \$0 \$0
 UMDNJ-SOM NYCOM DMU # attending: _____ PCOM to send separate invitation

AROC Reception and Banquet (One reception/banquet ticket is included in a full registration)

Yes! I plan to attend the banquet. No. I am unable to attend. \$90/ person \$90/ person
 Number of additional tickets: _____ Total number attending: _____

Registration Totals

Registration Fee \$ _____
 Guest Fee (Includes spouse/children @ \$25 each) \$ _____
 Additional Tickets (AROC banquet) \$ _____
TOTAL: \$ _____

Registration Payment Method

Check (made payable to NJAOPS) Check #: _____
 American Express MasterCard Visa
 Credit Card #: _____
 Expiration Date: _____ CVV#: _____
 Signature: _____

Cancellation Policy: Requests for cancellation refunds must be postmarked by March 20, 2010, otherwise an AROC 2011 credit will be issued.

Mail or fax completed registration to: AROC • One Distribution Way • Suite 201 • Monmouth Junction, NJ 08852 • (FAX) 732-940-8899