

# AROC 2019

## ATTENDEE REGISTRATION FORM

AROC Information: 732-940-9000  
AROC Registration Fax: 732-940-8899

Golden Nugget Reservations:  
1-800-777-8477 • Code: "AROC9"

Please print clearly if you mail or fax this form. Complete program and registration information is available online at [www.AROC.org](http://www.AROC.org).

AOA (DOs) #: \_\_\_\_\_ Medical School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

### Office Information

Practice Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Office Email: \_\_\_\_\_

### Preferred Contact Information (If different from office)

Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_  
Preferred Email: \_\_\_\_\_

Badges are *required* for accompanying guests (including children of any age) for exhibit hall entry and breakfast and lunch Wednesday and Thursday. First and last names of guests (i.e. spouse, children, etc. @ \$50 each): \_\_\_\_\_

### Registration Type (Check one)

*Membership in state associations is verified prior to AROC.*

	Preferred Pricing by March 31	On_Site Pricing by March 31
<input type="checkbox"/> DO or MD Active/Associate Member in respective state society (state: _____)	___ \$545	___ \$595
<input type="checkbox"/> Active 1st year Member <input type="checkbox"/> DO Retired Member <input type="checkbox"/> DO Life Member	___ \$345	___ \$395
<input type="checkbox"/> Fellow Member <input type="checkbox"/> Resident Member <input type="checkbox"/> Intern Member (Out of State)	___ \$150	___ \$175
<input type="checkbox"/> Fellow Member <input type="checkbox"/> Resident Member <input type="checkbox"/> Intern Member <input type="checkbox"/> Student Member*	___ \$0	___ \$0
<input type="checkbox"/> DO Applying for 2019 NJAOPS Membership AND AROC 2019 Registration**	___ \$870	___ \$920
<input type="checkbox"/> Non-member DO or MD	___ \$820	___ \$870
<input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Physician Assistant	___ \$345	___ \$395
<input type="checkbox"/> Medical Practice Manager (with a registered attendee)	___ \$0	___ \$0

**Notes:** NJAOPS dues must be paid by 12/31/18. \*One-day registration \*\*For a complete list of registration/membership rates, please visit [www.njosteo.com](http://www.njosteo.com) and click on the AROC 2019 Registration tab. Includes 2019 dues for nonmembers since 2015.

### Registration Totals

Registration Fee \$ \_\_\_\_\_  
Guest Badge Fee (Includes spouse/children @ \$50 each) \$ \_\_\_\_\_  
Friends of the Foundation Tickets \$ \_\_\_\_\_  
AROC 2018 Exhibit Card Completion Discount - \$ \_\_\_\_\_  
NJAOPS County Society Member Discount - \$ \_\_\_\_\_  
NJACFP Member Discount - \$ \_\_\_\_\_  
**TOTAL:** \$ \_\_\_\_\_

### Registration Payment Method

Check (made payable to NJAOPS) Check #: \_\_\_\_\_  
 American Express    MasterCard    Visa    Discover  
Credit Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CVV# (required): \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Signature: \_\_\_\_\_

Mail or fax completed registration to: AROC • 666 Plainsboro Road • Suite 356 • Plainsboro, NJ 08536 • (FAX) 732-940-8899

Cancellation Policy: Requests for cancellation refunds must be postmarked by March 31, 2019.