2017 AOHC REGISTRATION FORM

Register Online at www.acoem.org

Name (First M.I. Last) Degree

Employer Name

Address (No P.O. boxes, please)

City State/Province Postal Code

Area Code Telephone – – Nickname (for badge)

E-mail Address

Conference Registration: Sunday, April 23 – Wednesday, April 26, 2017 **Registration Status** ❑ ACOEM Member ❑ Non-Member ❑ Retired, Resident, or Student Member ❑ ACOEM Past President		**ACOEM Member**	**Non-Member**	**Retired/ Resident/ Student Member**	**Amount**
Full Conference Registration April 23-26, 2017	*Includes: Concurrent Sessions, General Sessions, Membership Breakfast/Meeting and access to Exhibit Hall*	$895	$1195	$375	$
One-Day Registration Options	**Choose Day:** ❑ Sun, April 23 ❑ Tues, April 25 ❑ Mon, April 24 ❑ Wed, April 26	$295/day	$495/day	$175/day	$
Two-Day Registration Options	**Choose Two Consecutive Days:** ❑ Sun, April 23 ❑ Tues, April 25 ❑ Mon, April 24 ❑ Wed, April 26	$505/ 2-days	$705/ 2-days	$275/ 2-days	$

Session Seating – Please indicate session preference to help us in assigning the appropriate room size. Your selections below **do not guarantee** you a seat in that session.

Sun., April 23	7:00AM-8:00AM	❑ 099
	9:00AM-10:30AM	❑ 102
	9:00AM-12:15PM	❑ 101 *(for newcomers only)* ❑ 103 ❑ 104
	10:45AM-12:15PM	❑ 105
	1:30PM-2:30PM	❑ 106 ❑ 107 ❑ 108 ❑ 109
	2:45PM-3:45PM	❑ 110 ❑ 111 ❑ 112 ❑ 113 ❑ 114
	4:00PM-5:45PM	Exhibit Hall Opening Reception (check box on pg. 2)
	6:00PM-7:30PM	❑ 100 AOHC Opening Session: Sappington Lecture
Mon., April 24	7:00AM-8:00AM	❑ 200 ❑ 201 ❑ 202 ❑ 203 ❑ 204 ❑ 205
	8:30AM-10:00AM	❑ 206 ❑ 207 ❑ 208 ❑ 209
	8:30AM-12:00PM	❑ 210 ❑ 211
	10:30AM-12:00PM	❑ 212 ❑ 213 ❑ 214
	10:30AM-3:00PM	❑ 215
	1:30PM-3:00PM	❑ 216 ❑ 217 ❑ 218 ❑ 219 ❑ 220
	3:30PM-5:00PM	❑ 221 ❑ 222 ❑ 223 ❑ 224 ❑ 225 ❑ 226
	5:15PM-6:15PM	❑ 227 ❑ 228 ❑ 229 ❑ 230 ❑ 231 ❑ 232
Tues., April 25	8:30AM-10:00AM	❑ 301 ❑ 302 ❑ 303
	8:30AM-12:00PM	❑ 304 ❑ 305
	10:30AM-12:00PM	❑ 306 ❑ 307 ❑ 308
	1:30PM-3:00PM	❑ 309 ❑ 310 ❑ 311
	1:30PM-5:00PM	❑ 312 ❑ 313
	3:30PM-5:00PM	❑ 314 ❑ 315 ❑ 316
	5:15PM-6:15PM	❑ 317 ❑ 318 ❑ 319 ❑ 320 ❑ 321
Wed., April26	7:00AM-8:00AM	❑ 401 ❑ 402 ❑ 403 ❑ 404 ❑ 405
	8:00AM-10:00AM	❑ 400 Membership Mtg and Awards Presentation
	10:15AM-11:15AM	❑ 406
	10:15AM-12:30PM	❑ 407 ❑ 408 ❑ 409 ❑ 411
	11:30AM-12:30PM	❑ 410

After March 27: All conference registration fees will increase by $100.

❑ Check here if you have a disability requiring special services and/or to indicate dietary restrictions, including food allergies and intolerances (please attach details or explain below) or email aohcservices@acoem.org:

_____

_____

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_____

EMERGENCY CONTACT DURING CONFERENCE:

Name: _____

Phone: _____

This registration form is 2 pages. Please complete and return both pages!

$_____ Subtotal – Page 1

Name (First M.I. Last): _____

		Subtotal from Page 1:	$

Additional Fees and Ticketed Events		Activity Fee	Amount
Sunday, April 23	❑ Yes! I plan to attend the Exhibit Hall Opening Reception** (Guest Ticket: $60 each) Quantity ____	$0 (Guest: $60)	
Monday, April 24	❑ Yes! I would like the complimentary lunch in the exhibit hall**	$0	
Monday, April 24	❑ Yes! I plan to attend the Offsite Social Event** (Guest Ticket: $60 each) Quantity ____	$0 (Guest: $60)	
Tuesday, April 25	❑ Worksite Visit #801: Denver Fire Department Academy (This is a non-refundable event).	$85	
Wednesday, April 26	❑ Yes! I plan to attend the Membership Meeting and Breakfast** (Guest Ticket: $45 each) Quantity ____	$0 (Guest: $45)	
Other Conference Options		Activity Fee	Amount
Sunday, April 23	❑ Session 101: Introduction to OEM – *for newcomers to Occ Med only*	$0	
Exhibitor Mailing Options	❑ I will allow my email address to be used by exhibitors for one email pre- and one email post-conference (per exhibitor) ❑ Please only have exhibitors contact me via regular US mail ❑ No thank you, I prefer not to be contacted by exhibitors	Please check your exhibitor mailing preferences at left	
Special Advance Price!	Pre-purchase **online library** of conference recordings now and save over on-site and post-conference prices! (Post-conference CME will be sold separately in summer 2017)	$129	

Pre-conference Courses **After March 27: All pre-conference course registration fees increase by $65**	Activity Fee	Amount
Friday, April 21 ❑ Medical Center Occupational Health Basics	ACOEM Member: $365 Non-Member: $465 Retired, Resident, or Student Member: $185	
Saturday, April 22 ❑ Business Leadership for Physicians: Necessary Knowledge Not Taught in Medical School	ACOEM Member: $365 Non-Member: $465 Retired, Resident, or Student Member: $185	
Friday-Saturday, April 21-22 (two-day courses) ❑ Medical Review Officer (MRO) Comprehensive ❑ Foundations of Occupational Medicine ❑ Occupational Medicine Board Review	ACOEM Member: $695 Non-Member: $895 Retired, Resident, or Student Member: $345	
Thursday, April 27, 2017 ❑ Spirometry Testing in Occupational Health – Physician Update ❑ CAOHC Professional Supervisor Workshop ❑ Getting Difficult Cases Unstuck: Tactics for Stalled Recovery and Prolonged Work Disability: A Case-Based Approach	ACOEM Member: $365 Non-Member: $465 Retired, Resident, or Student Member: $185	
	Total Due:	$

CONFERENCE AND PRE-POST COURSE CANCELLATIONS/CHANGES
Cancellation requests must be received in writing on or before March 27, 2017. For conference registrations, a refund will be issued minus an administrative fee of $50. For course registrations, a refund will be issued minus an administrative fee of $50, plus $95 for the course syllabus (if already shipped; the syllabus is not returnable). No refunds will be issued for cancellation requests received after March 27, 2017. Requests to change from one event to another must be received in writing on or before March 27, 2017. Accommodations to these requests will be made on a space-available basis. Notification by phone will not be accepted for cancellations or changes. Refunds will not be given for any worksite visit fees, regardless of when the cancellation request is made.

❑ I have read and understand the above **Conference and Pre-Post Course Cancellations/Changes** policy.

PAYMENT:
❑ Check enclosed **Payable to ACOEM** (US Funds Only) ❑ American Express ❑ Discover ❑ Master Card ❑ VISA

Credit Card #: _____ Exp. Date: _____ Signature: _____

Return both pages of this form with payment to:
CHECK: ACOEM Lockbox, 39032 Eagle Way,
Chicago, Illinois 60678-1390
CREDIT CARD: Fax to ACOEM at 847/818-9265

Registrations received without payment will not be processed.
Please call 847/818-1800, ext. 374 with any questions.

*** We understand that not everyone will be able to attend due to other obligations. Therefore, if you would like to attend this event, please indicate so on the registration form. This will assist us in ordering the proper amount of food and eliminating unnecessary waste.*