



AOPA 2019 NATIONAL ASSEMBLY • SEPT. 25-28, 2019

# ON-SITE Registration Form

SAN DIEGO, CALIFORNIA | SAN DIEGO CONVENTION CENTER

Visit [www.AOPAnet.org](http://www.AOPAnet.org) for complete registration details and instructions.



**BADGE INFORMATION** Please type or print legibly and use one registration form per registrant. Provide information as you would like it to appear on your badge.

Nickname: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Credential(s): \_\_\_\_\_  
 Company: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Confirmation E-mail: \_\_\_\_\_

**VERY IMPORTANT**

For Continuing Education Credit tracking:  
 EXAMPLE:  C  P  O  P —  O  P  2  6

—               
 ABC CERT TYPE      ABC ID NUMBER      BOC CERT NUMBER      CANADIAN CERT NUMBER  
 OTHER LICENSE NUMBER: \_\_\_\_\_

**REGISTRATION CATEGORIES AND FEES**

See registration instructions for category descriptions.

REGISTRATION CATEGORIES	Registration	
	MEMBER	NON-MEMBER
<b>Full Conference Registration</b>	<input type="checkbox"/> \$695 FM	<input type="checkbox"/> \$995 FN
<b>Associate Full Conference Registration</b>	<input type="checkbox"/> \$495 FA	<input type="checkbox"/> \$495 FA
<b>Exhibitor Full Conference Registration</b>	<input type="checkbox"/> \$475 FEM	<input type="checkbox"/> \$595 FEN
<b>One-Day Conference Registration</b> <input type="checkbox"/> Weds 9/25 <input type="checkbox"/> Thurs 9/26 <input type="checkbox"/> Fri 9/27 <input type="checkbox"/> Sat 9/28	<input type="checkbox"/> \$450 per day OML	<input type="checkbox"/> \$750 per day ONL
<b>Exhibits Only (3-Day Show Pass) Registration</b> <i>(Valid for Access to Exhibit Hall only for all show dates.)</i>	<input type="checkbox"/> \$375 E3M	<input type="checkbox"/> \$475 E3N
<b>Exhibits Only One-Day Registration</b> <i>(Valid for Access to Exhibit Hall only for individual show dates.)</i> <input type="checkbox"/> Thurs 9/26 <input type="checkbox"/> Fri 9/27	<input type="checkbox"/> \$195 per day EML	<input type="checkbox"/> \$245 per day ENL
<b>Full Conference Children Ages 11-17</b>	<input type="checkbox"/> \$100 FC	<input type="checkbox"/> \$100 FC
<b>O&amp;P Expo Day</b>	<input type="checkbox"/> Sat (No Charge)	<input type="checkbox"/> Sat (No Charge)

**PARTICIPANT INFORMATION**

Is your facility a current member of AOPA?  
 Yes    No

How often do you attend an O&P meeting?  
 Every year 11    When close by 13  
 Every other year 12    First time 14

- What are the primary reasons for attending the National Assembly?  
 Please check all that apply:
- CE Credits 21
  - Exhibit Hall 26
  - Networking 22
  - Education 27
  - Location 23
  - Speakers 28
  - Industry Trends 24
  - New Products 29
  - Professional Development 25

**SPECIAL EVENTS**

	PRICE	QTY.	TOTAL
Opening General Session/Welcome to San Diego Reception* Guest Ticket	\$ 45	X _____ = _____	
Pre-show Hands on Pediatric Orthotic Workshop	\$ 75	X _____ = _____	
Professional Women of O&P**—Celebrating Success	\$ 0	X _____ = _____	
First Stride Gait Training with Assembly	\$ 75	X _____ = _____	
First Stride Gait Training Only	\$ 125	X _____ = _____	
Post Show Hands on Prosthetic Workshop	\$ 75	X _____ = _____	
Veterans Stride Benefit Concert Ticket	\$ 99	X _____ = _____	
Veterans Stride Benefit Concert VIP Ticket	\$ 169	X _____ = _____	

\* Full Conference Registrations include admittance to the reception—bring a guest for \$45.

\*\* Space is limited. One ticket per female, full-conference registrant.

**PAYMENT**

Registration Total	\$ _____	USD
Special Events Total	\$ _____	USD
<b>TOTAL AMOUNT DUE</b>	<b>\$ _____</b>	<b>USD</b>

Checks should be made payable to AOPA 2019.

Check    Visa    MasterCard    Amex

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Signature \_\_\_\_\_

**Photography/Video Notice:** AOPA may take photographs and/or video during the event for various marketing purposes. By attending this event, you consent to your image being captured and used.

Check this box to confirm you have read and accept these terms and conditions.

Are special accommodations required?  Yes    No   If yes, please explain:

Which O&P school did you graduate from?  
 \_\_\_\_\_

What year did you graduate? \_\_\_\_\_

How many years have you been in your profession?

0-5 31    6-10 32    11-20 33    21+ 34

What is your purchasing authority?

- Full-decision making authority 35
- Joint decision making authority 36
- Advisory role 37
- Not involved in purchasing 38
- Other (Student, Unemployed, etc.) 39

Job Function—Please check all that apply:

- Orthotist 41
- Prosthetist 42
- Pedorthist 43
- Technician 44
- Fitter 45
- Owner 46
- Office/General Manager 47
- Physical Therapist/Occ. Therapist 48
- Student 49
- Resident 50
- Research & Development 51
- Sales/Marketing 52
- Billing 53
- Accounting 54
- Inventor 55
- Investor 56

Check here to allow AOPA to share your email with Exhibitors