

ATTENDEE Registration Form

INDIANAPOLIS SEPT. 6-9, 2023 | ONLINE SEPT. 20-NOV. 20 2023

For more information on the Assembly, visit www.AOPAassembly.org.



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:

-

ABC CERT TYPE ABC ID NUMBER

EXAMPLE: -

BOC CERT NUMBER

OTHER LICENSE NUMBER: _____

TEXAS LICENSURE NUMBER

REGISTRATION CATEGORIES AND FEES <i>See registration instructions for category descriptions.</i>	Advanced Registration May 1 - August 1		Standard Registration August 2 - September 9	
	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER
Full Conference <i>(includes in person and virtual)</i>	<input type="checkbox"/> \$599	<input type="checkbox"/> \$999	<input type="checkbox"/> \$699	<input type="checkbox"/> \$1,099
Virtual Conference 9/20-11/20	<input type="checkbox"/> \$499	<input type="checkbox"/> \$899	<input type="checkbox"/> \$599	<input type="checkbox"/> \$999
One Day: In-Person <i>(does not include virtual)</i> <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	<input type="checkbox"/> \$399 per day	<input type="checkbox"/> \$699 per day	<input type="checkbox"/> \$499 per day	<input type="checkbox"/> \$799 per day
One Day: Attendee Exhibition Only <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> \$149	<input type="checkbox"/> \$199	<input type="checkbox"/> \$199	<input type="checkbox"/> \$299
Two Days: Attendee Exhibition Only <input type="checkbox"/> Thursday and Friday	<input type="checkbox"/> \$298	<input type="checkbox"/> \$398	<input type="checkbox"/> \$399	<input type="checkbox"/> \$499
Guest <i>(O&P professionals are not eligible)</i>	<input type="checkbox"/> \$399	<input type="checkbox"/> \$399	<input type="checkbox"/> \$499	<input type="checkbox"/> \$499

Group discounts are available for four or more Full Conference registrants. Call 571/431-0860 for more information.

PARTICIPANT INFORMATION

Have you been vaccinated for COVID-19?
(not required to attend)
 Yes No Prefer not to answer

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

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

What are the primary reasons for attending the National Assembly? _____

Please check **all** that apply:

- CE Credits
- Exhibit Hall
- Networking
- Education
- Location
- Speakers
- Industry Trends
- New Products
- Professional Development

Which O&P school did you graduate from? _____

What year did you graduate? _____

How many years have you been in your profession?

0-5 6-10 11-20 21+

What is your purchasing authority?

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

Job Function-Please check **all** that apply:

- Orthotist
- Prosthetist
- Pedorthist
- Technician
- Fitter
- Owner
- Office/General Manager
- Physical Therapist/Occ. Therapist
- Student
- Resident
- Research & Development
- Sales/Marketing
- Billing
- Accounting
- Inventor
- Investor
- Check here to allow AOPA to share your email with Exhibitors

SPECIAL EVENTS

	PRICE	QTY.	TOTAL
<input type="checkbox"/> Indianapolis Welcome Reception Guest Ticket	\$45	X _____	= _____
<input type="checkbox"/> Professional Women of O&P Luncheon	\$25	X <u> 1 </u>	= _____
<input type="checkbox"/> So Kids Can Move Event	\$50	X _____	= _____
<input type="checkbox"/> Hands On OI Workshop* (Saturday, Sept. 9, 1:00-5:00 PM)	\$50	X _____	= _____

*Full Conference registration required to participate in OI Workshop

PAYMENT

Registration Total \$ _____ USD
 Special Events Total \$ _____ USD
TOTAL AMOUNT DUE \$ _____ USD

O&P PAC (AOPA Members Only)
 Give your employees permission to participate in PAC Events.

Check

Card # _____ Exp. Date: _____ Security Code: _____

Print Name _____

Signature _____

RETURN COMPLETED FORMS:

Checks should be made payable to **AOPA 2023** and mailed to:
 AOPA LOCKBOX, PO Box 34711, Alexandria, VA 22334
 Email only if paying by credit card. Email: Assembly@AOPAnet.org

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.

By submitting this form, you agree that you have read and accept these terms and conditions.

HOTEL ACCOMMODATIONS: For information, visit www.AOPAassembly.org.
QUESTIONS? Contact Assembly@AOPAnet.org or 571/431-0860.