ATTENDEE INFO

Dr.  Mr.  Mrs.  Ms.

First Name: ___________________________ Last Name: ___________________________

Preferred First Name for Badge: ___________________________

Degree(s): ________________________________________________

Position or Job Category:

- President/CEO
- Director of Medical Education
- Department Chair
- Hospital Administrator
- Practicing Physician
- Government Relations Staff
- Other: ________________________________________________

Dean/Chief Academic Officer
Faculty/Research Faculty
Administrator (CFO, Student Svcs, etc.)
Program Director
ADME
Student

Job Title: ___________________________

Institution/Organization: ___________________________

Mailing Address: ___________________________

City: ___________________________ State: _____ Zip: __________

Phone: ______________ Fax: ______________ Email: ______________

Twitter Handle: ___________________________

Dietary Restrictions or Special Accommodations: ___________________________

Assistant’s Name: ___________________________ Phone: ______________

Paid/Registered Spouse or Guest Name(s): ___________________________

Dietary Restrictions or Special Accommodations: ___________________________

REQUIRED Check one of the items below:

- Member of ACOM & AOGME
- AOGME Member
- ACOM Participant
- Non-Member

RSVP REQUIRED Check appropriate items below:

- Thursday – Early Morning Fun Run
- Friday – NBOME Update and Luncheon
- Friday – Awards Banquet
- I want to opt out of receiving promotional and marketing materials via email from exhibitors/sponsors
**REGISTRATION FEES**

**CONFERENCE REGISTRATION OPTIONS**

<table>
<thead>
<tr>
<th>Conference Registration Options</th>
<th>Early Bird (expires 2/12)</th>
<th>Advance (2/13–3/14)</th>
<th>Onsite</th>
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<tbody>
<tr>
<td>Member</td>
<td>□ $745</td>
<td>□ $825</td>
<td>□ $975</td>
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<tr>
<td>Non-Member</td>
<td>□ $925</td>
<td>□ $1060</td>
<td>□ $1220</td>
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<tr>
<td>Student/Intern/Resident/Fellow</td>
<td>□ $225</td>
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<td>One Day</td>
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<tr>
<td>Wednesday</td>
<td>□ $370</td>
<td>□ $425</td>
<td>□ $480</td>
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<td>Thursday</td>
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<td>Diversity Reception</td>
<td>□ $55</td>
<td>□ $55</td>
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<td>International Collaborative</td>
<td>□ $55</td>
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<tr>
<td>Reception</td>
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<td>(Thursday 6:30 PM - 9:00 PM)</td>
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<tr>
<td>Awards Banquet</td>
<td>□ $160</td>
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<tr>
<td>One-Day Registrants</td>
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<tr>
<td>(Friday 6:00 PM - 8:00 PM)</td>
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*If you select the advance or onsite registration options above, you will be given an opportunity to select a Pre-Conference Workshop for an additional $125.*

**TUESDAY PRE-CONFERENCE WORKSHOP ONLY** Choose between:

- **Student Advising & Strategies to Maximize Residency Match Success** $125
  
  8:00 AM - 12:00 PM & 1:00 PM - 5:00 PM

- **Osteopathic Recognition** FREE
  
  1:00 PM - 5:00 PM

- **Preparing for 2019-2020 Changes to the COMLEX-USA & COMAT Examination Programs** FREE
  
  3:00 PM - 5:30 PM

**GUEST OPTIONS**

- **Guest Meal Ticket (includes Awards Banquet)** $225
- **Guest Ticket (Awards Banquet only)** $160

**PAYMENT**

*(Receipts will be sent via e-mail after payment is processed)*

Total: $ ____________________

Credit Card:  

- [ ] Visa  
- [ ] MasterCard  
- [ ] American Express  
- [ ] Check (Payable to AACOM)

Name on Card: ____________________

Credit Card Number: ____________________

Security Code: ___________  
Expiration Date: ___________

Cardholder Signature: ____________________

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**EDUCATING LEADERS 2019**

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**Permission to Photograph**

Registration and attendance at, or participation in, Educating Leaders 2019 constitutes an agreement by the registrant for AACOM’s use and distribution (both now and in the future) of the registrant or attendee’s image or voice in photographs, videotapes, electronic reproductions, and audiotapes of such events and activities.

**Personal Information**

Individual contact and professional information will be collected during the registration process and used to contact you about the conference. Your information will also be distributed to conference sponsors and exhibitors.

**Agenda**

Circumstances beyond our control may affect the schedule of the conference, so please allow for the possibility of last minute program fluctuations.

**Registration Contact**

Beth Martino  
AACOM Manager of Meetings & Events  
E-mail: annualconf@aacom.org  
Phone: 301-968-4189
ATTENDEE INFO

○ Dr. ○ Mr. ○ Mrs. ○ Ms.

First Name: ____________________________

Last Name: ______________________________

Degree(s): ___________________________ Phone #: ____________________________

Dietary Restrictions/Allergies: ______________________________

RSVP REQUIRED *Check appropriate items below:

**Wednesday, April 10**

☐ AOGME General Membership Meeting and Luncheon
  12:00 pm – 1:45 pm

**Thursday, April 11**

☐ AOGME New Member Breakfast
  6:45 am – 7:45 am

☐ AOGME Collegium of Fellows Luncheon
  12:00 pm – 2:00 pm

☐ AOGME Chair’s Reception
  6:30 pm – 8:30 pm

**Friday, April 12**

☐ AOGME Collegium of Fellows Breakfast
  6:45 am – 7:45 am

☐ AOGME Residents and Fellows Council Luncheon
  12:45 pm – 2:15 pm

☐ AOGME Residents and Fellows Council Workshop
  2:45 pm – 4:45 pm

**Saturday, April 13**

☐ AOGME Board of Trustees Meeting
  7:00 am – 8:00 am

☐ AOGME Residents and Fellows Council Leadership Track
  8:00 am – 5:00 pm

Return completed form to Beth Martino at bmartino@aacom.org.

Questions? Contact Alegneta Long at along@aacom.org.