



# 29<sup>th</sup> Annual Emerald Coast Conference

## July 12-16, 2019

Hotel Reservations: (850)267-9500

ALOMA's Room Rate: \$339.00

Reservations must be made by 6/14/19 to guarantee room rate.  
Available rooms will go quickly! Make your reservation today!

**25 1-A Credits anticipated pending approval by the AAFP**

**Nickname:** \_\_\_\_\_ **Credentials (ex: DO, RN, OMS-II)** \_\_\_\_\_

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**Full Name:** \_\_\_\_\_

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**Street Address:** \_\_\_\_\_

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**City/State/Zip:** \_\_\_\_\_

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**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**Medical School:** \_\_\_\_\_

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**Grad Year:** \_\_\_\_\_ **AOA #:** \_\_\_\_\_

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**To attend at member rate, contact ALOMA for a membership application.**

	By: 6/14/19	After: 6/14/19
<input type="radio"/> ALOMA Members, NP, PA, PharmD, RT, RN, LPN	\$450	\$500
<input type="radio"/> Non-Member	\$585	\$650
<input type="radio"/> Student/Resident	gratis	gratis
<input type="radio"/> Retired Date Retired: _____	\$340	\$375
<input type="radio"/> Active Military	\$340	\$375
<input type="radio"/> Saturday Only 5 Hour FL Mandatory Course	\$300	\$300
<b>Total Payment Due:</b>		

**Acceptable forms of payment:** Check or credit card. **Check #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Credit Card:**  MC  Visa  Discover  American Express

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Cancellations:** If received in writing by June 14, 2019, we will be happy to refund your registration fee. Cancellations after June 14, 2019 will be refunded, less a \$50 administrative fee.

**Complete and return this form with payment to: Alabama Osteopathic Medical Association**  
**PO Box 51928, Knoxville, TN 37950**  
**Email: jamie@aloma.org website: www.aloma.org**  
**Phone: (205) 570-5576 Fax: (205) 206-7664 (credit card registrations only)**