



# Alabama Osteopathic Medical Association Mid-Year Meeting at VCOM-Auburn

**February 23-24, 2024**

**9 Category 1 AOA Credits**

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

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

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

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

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

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

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

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

<input type="checkbox"/> ALOMA Members, NP, PA, PharmD, RT, RN, LPN	\$250
<input type="checkbox"/> Non-Member	\$300
<input type="checkbox"/> Student/Resident	\$0
<input type="checkbox"/> Retired Physician / Active Military Date Retired: _____	\$200
<input type="checkbox"/> Exhibitor	\$500
<b>Total Payment Due:</b>	

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

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

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

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

**Name On Card:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Cancellations:** If received in writing by February 9, 2024, we will be happy to refund your registration less a \$50 administrative fee.

Complete and return this form with payment to:

Alabama Osteopathic Medical Association  
PO Box 31, Rockville, IN 47872

**Email:** [jamie@aloma.org](mailto:jamie@aloma.org) **website:** [www.aloma.org](http://www.aloma.org)

**Phone:** (205) 570-5576 **Fax:** (205) 206-7664 (credit card registrations only)