



Regional Osteopathic Convention – New York

Innovations in Medicine | April 18 – 21, 2024

Sonesta White Plains Hotel - 66 Hale Ave, White Plains, NY 10601

Registration Form

Name (please print legibly)		AOA#	
Address (Street, City, State, Zip Code)			
Phone (Office <input type="checkbox"/>) (Home <input type="checkbox"/>) (Cell <input type="checkbox"/>)		Email (Important for convention updates)	
Primary Specialty		Practice Type	
How did you hear about this event? Email <input type="checkbox"/> Mailing <input type="checkbox"/> Colleague <input type="checkbox"/> AOA Website <input type="checkbox"/> NYSOMS Website <input type="checkbox"/> Other: _____			
CONFERENCE REGISTRATION RATES - 4 DAY (please circle)		EARLY BIRD Register By: 2/18/2024	Register Between: 2/19 - 4/8/2024
MEMBER RATES (please select or circle)			
Active NYSOMS Member FULL CONFERENCE (4 DAYS)		\$685	\$785
• Member Single Day Rates – THURSDAY/ FRIDAY / SATURDAY (circle each)		\$275	\$300
• Member Single Day Rate – SUNDAY only		\$175	\$215
Life/Retired NYSOMS Member FULL CONFERENCE (4 DAYS)		\$485	\$535
Intern/Resident/Fellow FULL CONFERENCE		\$200	\$250
Osteopathic Medical Student (FRIDAY ONLY) School: _____		FREE	FREE
NON-MEMBER RATES (please select or circle)			
Non-Member (DO/MD) FULL CONFERENCE (4 Days)		\$985	\$1,085
• Non-Member Single Day Rate – THURSDAY/ FRIDAY / SATURDAY (circle each)		\$325	\$350
• Non-Member Single Day Rate – SUNDAY only		\$250	\$275
Non-Member Retired FULL CONFERENCE (4 Days)		\$500	\$550
Allied Health Professionals (PA,CRNA,CRNP, etc.)		\$425	\$485
Late Registration Fee - After April 6, 2024			\$75
SPECIAL OPTIONAL PROGRAMS (runs concurrently with lectures)			
• Saturday, April 20th 2:30 – 5:00 PM OMM Workshop: Highly Efficient Techniques 5-Series: Cervical/1st Rib/Thoracic/Lumbosacral/Extremities Lead by Warren Chin, DO		\$75	\$100
RENEW or JOIN MEMBERSHIP			
NYSOMS Active Membership (through 4/30/2025)- \$300 (SAVE \$30 when you renew with your registration)		\$270	
Will you attend the President's Reception on Friday, April 19 at the hotel? *Complimentary ticket for Registrant & 1 Guest (\$150 for each additional guest)		Attending? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Guest: _____		TOTAL AMOUNT: \$ _____	
PAYMENT METHOD			
<input type="checkbox"/> Check (Payable to: NYSOMS)	OR	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
		<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Credit Card Number		Exp Date	CVV Code

Please mail completed form and payment to: NYSOMS, PO BOX 8000, Old Westbury, NY 11568
 Email: nysoms@nysoms.org Call: 212-261-1784 | Fax: 516-686-3767

This program anticipates being approved for 30 AOA Category 1-A CME credits.

Cancellation/Refund Policy: Refunds minus a \$75 processing fee for cancellation received on or before March 28, 2024 in writing. No refunds after this date.