



## 2021 FL License Renewal Program – Mandatory Live Courses

March 23, 2021 | 9:00 AM – 12:00 PM

### Registration Form

Full Name \_\_\_\_\_ FL License # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ AOA # \_\_\_\_\_

#### PROGRAM REGISTRATION (please circle):

- NYSOMS dues-paid\* Member \$180  
\*(please include payment for dues if you have not already paid)
- Non-Member Physician \$250

#### DUES: Renew or Join for 2021-2022 (please circle):

- Active (2+ years/active NY license & reside/practice in NY) \$200
- Active (2<sup>nd</sup> year in practice) \$100
- Active (1<sup>st</sup> year in practice) \$50
- Associate (non -DO physician and/or DOs who hold NY license) \$50

**Total Amount Due \$** \_\_\_\_\_

### **PAYMENT**

\_\_\_\_ Paying by check (payable to NYSOMS) **OR** Credit Card: \_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ Amex \_\_\_\_ Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Send your completed registration form and payment in full to:

**Mail to:** NYSOMS (FL Program), PO Box 8000, Old Westbury, NY 11568 or **Email:** [nysoms@nysoms.org](mailto:nysoms@nysoms.org)  
or **Fax:** 516-686-3767

You will receive an email confirmation and receipt of payment. Further details about the program will be sent after registration is complete.

**Cancellation/Refunds:** If you must cancel, please notify NYSOMS in writing. A \$20 cancellation fee will be imposed if registration is canceled prior March 9, 2021. No refunds will be provided after this date.

*\*NYSOMS is accredited by the AOA to provide osteopathic medical education to physicians. NYSOMS designates this program for a maximum of 3 AOA Category 1-A CME credits and will report CME credits commensurate with the extent of the physician's participation in this activity.*