



Regional Osteopathic Convention – New York

Leaders in Change

April 2-5, 2020

Hyatt Regency Long Island Hotel

Registration Form

Name <i>(please print legibly)</i>	AOA #
Address <i>(Street, City, State, Zip Code)</i>	
Phone (Office <input type="checkbox"/>) (Home <input type="checkbox"/>) (Cell <input type="checkbox"/>)	Email (Important for convention updates)

PACKAGES & PRICES <small>(please circle)</small>	REGISTER BY: 1/16 - 3/19/20
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Active NYSOMS Member (or local State Society)	\$675
Non-NYSOMS Member (or local State Society)	\$875
Life NYSOMS Member	\$425
Intern / Resident / Fellow NYSOMS Member	\$200
ONE DAY RATE*	
Thurs / Fri / Sat (Active Member) *	\$250
Thurs / Fri / Sat (Non- Member) *	\$275
Sunday (Active Member) *	\$150
Sunday (Non-Member) *	\$175
Intern / Resident / Fellow (Friday only) *	FREE
Intern / Resident / Fellow (Thurs / Sat / Sun) *	\$75

*LATE Registration Fee - After March 19th	\$50
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SPECIAL PROGRAMS (No additional CME)	
NYS Infection Control Course (Thursday, 1:15-3:15 PM)	\$75
OMM Workshop (Saturday, 2:30-5:30 PM)	\$75

OPTIONAL	
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NYSOMS Membership (thru 4/30/21)	\$200
President's Award Reception (Fri Night- Nissequogue Golf Club)	Attending? <input type="checkbox"/>
<i>*2 Complimentary Tickets for Registrant & Guest</i>	

Name of Guest: _____ *(\$125 for each additional guest)*

TOTAL AMOUNT: \$ _____

PAYMENT METHOD		
<input type="checkbox"/> Check (Payable to: NYSOMS)/	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	
_____/_____/_____ Credit Card Number	_____/_____ Exp Date	_____ CVV Code

Mail to: NYSOMS at NYCOME (ROC-NY 2020), Northern Blvd/Route 25A, de Seversky Mansion, Room 107, Old Westbury, NY 11568
Email: nysoms@nysoms.org **Call:** 212-261-1787 **Fax:** 516-686-3767

NYSOMS is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. NYSOMS designates this program for a maximum of 29 AOA Category 1-A credits and will report CME and specialty credits commensurate with the extent of the physician's participation in this activity.

Full refund minus **\$50.00** processing fee for cancellation received on or before March 23, 2020 in writing. All grievances should be directed to: Executive Director, NYSOMS, NYIT de Seversky Mansion, Room 107, Old Westbury, NY 11568