

# Registration Form

## AAOP 2024 48th Clinical and Scientific Meeting

May 9-12, 2024

Talking Stick Resort | Scottsdale, Arizona

Register for AAOP 2024 by completing this form and emailing it to [office@aaop.org](mailto:office@aaop.org). You may also register online through the AAOP website. Visit [aaop.org](http://aaop.org) to register quickly and easily.

### Contact Information: (please type or print)

Name: \_\_\_\_\_

Degree(s) / Credential(s): \_\_\_\_\_ Practice / Employer / Position Information: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Guest Name (social function admission): \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

### Registration Type | Early registration rates good through February 1, 2024

Registration for the meeting includes plenary sessions and social events. Please check one.

	After Feb 1		After Feb 1
<input type="checkbox"/> AAOP Member - Fellow of Academy ....\$795	\$895	<input type="checkbox"/> Non-member Professional.....\$1,150	\$1,300
<input type="checkbox"/> AAOP Member - Active.....\$795	\$895	<input type="checkbox"/> Physical Therapist.....\$325	\$425
<input type="checkbox"/> AAOP Member - Affiliate.....\$795	\$895	<input type="checkbox"/> Student Member.....\$250	\$350
<input type="checkbox"/> AAOP Life Member .....\$550	\$550	<input type="checkbox"/> Student Non-member (Verification required) ....\$550	\$550
<input type="checkbox"/> Sister Academy Member .....\$795	\$895	<input type="checkbox"/> Spouse/Guest.....\$100	\$150

### Pre-conference Workshops Thursday, May 9

Please check one.

- Orofacial Pain Introductory.....\$395
- The Neuroscience of Pain.....\$395
- Management of SRBDs.....\$395
- Orofacial Pain Private Practice.....\$395

### Lunch & Learn Session Friday, May 10

*Included with registration*

Please choose one session.

- Onabotulinum Toxin Injections
- Headache Procedures
- Techniques Cervical Spine

### Lunch & Learn Session Saturday, May 11

*Included with registration*

Please choose one session.

- Conquering Coding and Insurance
- Tinnitus & Dizziness
- Acupuncture

**Total: \$** \_\_\_\_\_

### Method of Payment

If you require special payment arrangements, please email [office@aaop.org](mailto:office@aaop.org). Please check one payment option below.

Enclosed is a **check payable to AAOP**. Checks must be payable in U.S. Dollars. A \$50.00 processing fee will be charged for checks returned unpaid.

I wish to pay my fees by **credit card**. Please note this charge will appear on your statement as "AAOP".

Amex (15 digits)     Master Card (16 digits)     Visa (16 digits)

\_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_    Validation Code: \_\_\_\_\_ (3 digit code on the back of V/MC cards and 4 digit code on front of AMEX card)

Address associated with card if different from address above: \_\_\_\_\_

Name on card (please print): \_\_\_\_\_

Authorizing signature: \_\_\_\_\_

**Cancellation Policy:** If you must cancel your registration, all requests must be received in writing by AAOP Registration via email to [office@aaop.org](mailto:office@aaop.org) no later than March 31, 2024. All fees paid will be refunded minus a \$50.00 processing fee. **There will be no refunds offered after March 31, 2024.**



**AMERICAN ACADEMY  
OF OROFACIAL PAIN**