



# AROC 2020

## ATTENDEE REGISTRATION FORM

Hotel Reservations: 609.449.1000

Room Discount Code: GOPS420

### Personal Information

Name	
AOA #:	
Specialty:	

### Office Information:

### Preferred Contact (if different from practice):

Practice Name		Address:	
Street Address:		City/State/Zip:	
City/State/Zip:		Phone:	
Office Phone:		Email:	
Office Email:		Name(s) for Guest Badges: _____	

### Registration Type (please check one):

Membership in state associations is verified prior to AROC

### Postmarked by:

January 15

March 15

March 31

<input type="checkbox"/> DO or MD Active/Associate Member in respective state society (state: __)	___ \$545	___ \$595	___ \$645
<input type="checkbox"/> Active 1st Year Member <input type="checkbox"/> DO Retired Member <input type="checkbox"/> DO Life Member	___ \$345	___ \$395	___ \$445
<input type="checkbox"/> Fellow Member <input type="checkbox"/> Resident Member <input type="checkbox"/> Intern Member (out of NJ)	___ \$200	___ \$200	___ \$225
<input type="checkbox"/> New Jersey Fellow, Resident, or Intern Member <input type="checkbox"/> Student Member*	___ \$0	___ \$0	___ \$0
<input type="checkbox"/> DO Applying for 2020 NJAOPS Membership**	___ \$ _____	___ \$ _____	___ \$ _____
<input type="checkbox"/> Non-Member DO or MD	___ \$820	___ \$870	___ \$920
<input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Physician Assistant	___ \$545	___ \$595	___ \$645
<input type="checkbox"/> Medical Practice Manager (with a registered attendee)	___ \$0	___ \$0	___ \$0

**Notes:** NJAOPS dues must be paid by **12/31/19**. \*One-day registration \*\*For complete list of registration/membership rates, please visit [www.njosteo.com](http://www.njosteo.com) and click on the AROC 2020 Registration tab. Include 2020 dues for non-members since 2017.

### 2019 Workshops:

### Schedule:

### Additional Fee:

<input type="checkbox"/> Interventional Radiology	Wednesday, April 22 - 2:00 pm to 3:30 pm	\$20.00
<input type="checkbox"/> Thyroid Ultrasounds	Wednesday, April 22 - 3:45 pm to 5:30 pm	\$20.00
<input type="checkbox"/> Primary Care Orthopedics	Thursday, April 23 - 3:45 pm to 5:30 pm	\$20.00

### Registration Payment Totals

Registration Fee (from top list)	\$ _____
Guest Badge Fee (\$50 each additional)	\$ _____
Additional Workshop Fee (\$20 each)	\$ _____
AROC 2019 Exhibit Card Completion Discount	- \$ _____
NJACOF Member Discount	- \$ _____
<b>Total</b>	\$ _____

### Registration Payment Method

Registration Fee (from top list)	Check #: _____
<input type="checkbox"/> AmEx <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover	
Credit Card #:	_____
Expiration Date:	_____
Billing Address:	_____
City, State, Zip:	_____
<b>Signature:</b>	_____

**Mail registration to:** 666 Plainsboro Road,

Suite 356, Plainsboro, NJ 08536

**Fax registration to:** 732.940.8899

For any questions, please contact Tajma Kotoric at:  
732.940.9000 ext. 303, or [tkotoric@njosteo.com](mailto:tkotoric@njosteo.com)