



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 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	-\$ _____
NJACOPF Member Discount	-\$ _____
Total	\$ _____

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: _____	
Signature: _____	

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