

Kansas Osteopathic Foundation Kansas Association of Osteopathic Medicine

2017 Mid-Year Conference

Friday, November 3, and Saturday, November 4, 2017

Marriott Hotel - Wichita

Registration Form

Please provide ALL requested information. For internal use only.

T	itle	AOA# (if applicable)
City/State	Zip Code	
Email Address (so we can reach you if needed)	Ме	dical School/Yr. Graduated
Dietary Restrictions – please note the type o	f restriction	
\$25\$50 <u></u> \$75 <u></u> \$100	Total Amou	nt Enclosed: \$
	City/State Email Address (so we can reach you if needed) Dietary Restrictions – please note the type of	City/State Zip Code Email Address (so we can reach you if needed) Mea Dietary Restrictions – please note the type of restriction

KOF/KAOM 2017 Mid-Year Conference Registration Fees

	By October 27	October 28-November 3	
Member Physicians:	\$360	\$410	
Physician Assistants:	\$360	\$410	
Non-Member Physicians:	\$510	\$560	
Residents/Interns:	\$ 85	\$135	
Students:	Please contact the KAOM Office to register (free)		

Registration includes approximately 18 hours of Category 1A CME credit, breakfasts, breaks, lunches and a Friday evening welcome reception at the hotel.

Cancellations and Refund Policy:

KAOM must receive cancellations by October 20, 2017 to grant a full refund. Cancellations after October 20 are subject to a \$30 administrative fee. After October 27, no refunds will be given.

Registration Payment Options:

Payment of registration fees and student sponsorships can be made by check payable to:

Kansas Osteopathic Foundation (KOF)

1260 SW Topeka Blvd. Topeka, KS 66612

Phone: 785-234-5563/Fax: 785-234-5564

If you prefer to pay for registration with a credit card please go online at www.kansasdo.org. Questions? Please call Vicki at KAOM at 785-234-5563 or email: vicki@kansasdo.org.