



# OAAPN 17th Annual Conference Registration Form

## Embassy Suites Columbus Dublin • November 1-3, 2007

### 3 EASY WAYS TO REGISTER:

All registrations must be received no later than October 23 to be guaranteed hand-outs and meals.  
**Registration will not be processed without proper payment or Clinical Breakout Selections.**

Fax: 1-866-529-6822

Mail: OAAPN Conference Registration

On-line: [www.oapn.org](http://www.oapn.org)

5818 Wilmington Pike #300, Dayton, OH 45459

**Please print legibly.**

Check all that apply:  CNP  CNS  CNM  CRNA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Address (Check)  Home  Work

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (Check one)  Home  Work \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address (For Registration Confirmation) \_\_\_\_\_

SS# (Last four digits) \_\_\_\_\_

**Student Discount:** Photo copy of Student ID must be sent with registration.

**Member Discount:** Annual membership dues must be paid.

**Changes/Cancellation:** All cancellations must be received in writing prior to Oct. 23 and will be charged a \$15 administrative fee.

**METHOD OF PAYMENT**

Check enclosed (Make checks payable to OAAPN)

If paying by credit card, please list:

Visa  MasterCard  Amex  Discover

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

X \_\_\_\_\_  
SIGNATURE

**Optional PAC Donation:**

Please note this donation requires a separate check made payable to: OAAPN PAC or separate credit card transaction.

Check enclosed  Apply to credit card

Thank You! Amount \$ \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Postmarked	Received	Registered	Confirmation Sent
Check/Trans Date	Ck #/Trans ID	Amount	Deposit
Payer (If different than registrant)			

**Clinical Break-Outs/Reception and Dinner:**

(Please circle if attending. Refer to Schedule of Events for more information. Registration will not be processed if not completed.)

**Thursday, November 1, 2007**

9:00-12:00 A B C  
 1:00-4:00 or 1:30-4:00 A B C D E F G  
 5:00-6:30 Opening Reception Yes No

**Friday, November 2, 2007**

11:30-1:00 A B C  
 4:15-5:45 A B C  
 6:00 Exuberata Product Theatre and Dinner Yes No

**REGISTRATION FEES/DEADLINES**

Payment Summary

**Pre-Conference - Thursday, November 1:**

Reimbursement: Basic	9am-12pm	\$100	_____
Specialty	1:30-4pm	\$100	_____
Basic <b>AND</b> Specialty		\$175	_____

Beginning & Advanced			
Suturing:	Morning	9am-12pm	\$40 _____
	Afternoon	1-4pm	\$40 _____
Joint Injection	Morning	9am-12pm	\$40 _____
	Afternoon	1-4pm	\$40 _____

Postmarked by 9/30

Postmarked after 9/30

**Full Conference - Thurs., Nov 1 (5pm) - Sat., Nov 3:**

Member	\$350	\$400	_____
Non-member	\$400	\$450	_____

**Daily Rates:**

<b>Pre-Conference</b> (see above)			
<b>Thursday, November 1 (5-9:30pm):</b>	No charge		- 0 -
<b>Friday, November 2:</b>			
Member	\$175	\$200	_____
Non-member	\$200	\$225	_____
Students*		\$75/day	_____
<b>Saturday, November 3:</b>			
Member	\$175	\$200	_____
Non-member	\$200	\$225	_____
Students*		\$75/day	_____

**Buffet Breakfast:**

Commuters are able to purchase Buffet Breakfast tickets below. (Full Buffet Breakfast is included for all overnight guests.)

<b>Friday, November 2:</b>	\$13	_____
<b>Saturday, November 3:</b>	\$13	_____

**Membership:** (Please circle) RENEW - JOIN

Regular	\$75	_____
(Please circle) Student or Retired	\$35	_____

**Total Amount Enclosed \$ \_\_\_\_\_**