

IOMA 2024 UPPER MIDWEST OSTEOPATHIC HEALTH CONFERENCE | REGISTRATION

Name: _____

Title/Designation: _____

AOA#: _____

I opt in to receiving text messages from IOMA & understand that SMS/data rates may apply.
Please indicate your carrier: Verizon AT&T US Cellular T-Mobile _____

Work Phone: _____

Cell Phone: _____ Email: _____

Clinic: _____

Best Address: _____ City/State/Zip: _____

Preferred Name for Badge: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Emergency Contact Email: _____

Dietary or Physical Requirements: _____

INTERESTED IN JOINING IOMA OR NEED TO RENEW YOUR IOMA MEMBERSHIP FOR 2024?

Add it on to your conference registration – you might save money overall!

- | | |
|--|---|
| <input type="checkbox"/> 1st year in practice \$150.00 | <input type="checkbox"/> 4th year & over in practice \$495.00 |
| <input type="checkbox"/> 2nd year in practice \$250.00 | <input type="checkbox"/> Out of State Membership \$120.00 |
| <input type="checkbox"/> 3rd year in practice \$375.00 | <input type="checkbox"/> Retired Member \$247.50 |

IOMA CONFERENCE REGISTRATION RATES

Full Conference Registration

- | |
|---|
| <input type="checkbox"/> IOMA Member \$560.00 |
| <input type="checkbox"/> Non-Member Physician \$725.00 |
| <input type="checkbox"/> Retired IOMA Member (no CME)* \$285.00 |
| <input type="checkbox"/> Retired Non-Member Physician (no CME)* \$365.00 |
| <input type="checkbox"/> Students, Residents, Fellows (no CME)* \$25.00 (per lunch) |

**If you need CME, please register at the IOMA Member rate.*

For all registration types, please indicate the days you plan to attend lunch:

- Thursday Friday Saturday

Partial Conference Registration

	Member	Non-Member
<input type="checkbox"/> Thursday	\$285.00	\$330.00
<input type="checkbox"/> Friday General Session	\$285.00	\$330.00
<input type="checkbox"/> Friday Emergency Medicine Track	\$285.00	\$330.00
<input type="checkbox"/> Saturday	\$285.00	\$330.00

GETTING INVOLVED

- I'm interested in volunteering with IOMA - Please contact me!

PAYMENT INFORMATION

Membership Renewal Cost	\$ _____
Conference Registration Fee	\$ _____
Sponsor A Student Attendee (\$25)	\$ _____
SIM-IA Simulation Fee (\$30)	\$ _____
Late Fee (if dated after April 12 - \$50)	\$ _____
Total Amount Enclosed	\$ _____

PAYMENT METHOD



Please consider registering online with a credit card by scanning this QR code or visiting <https://bit.ly/24UMOHC>

Please make checks payable to IOMA and mail with this completed form to:
IOMA - UMOHC, 6919 Vista Drive, W. Des Moines, IA 50266

If you have any questions regarding this event, please contact: (P) 515-282-8192 (E): ioma@ioma.org

By submitting this form, I understand and agree that IOMA will have my contact details for the purpose of processing my information and ensuring full participation in this event. On an event by event basis, we share a portion of attendee information with our conference partners which may include speakers, attendees, and conference supporters. This provides a valuable networking tool to all those involved. This information may include your name, clinic/workplace name, and/or mailing address as provided on your registration form. If you would like to opt out of having your information used for these purposes, please email the IOMA office so we may note your preference and omit you from this conference benefit.

- Register Me For The SIM-IA Experience
Friday, May 3rd
- \$30

Please indicate the Friday track you'll attend:

- General Session
 Emergency Medicine
(no additional fee)

How did you hear about our conference:

- Emails
 Friend
 Facebook
 Instagram
 IOMA Website
 Hardcopy Mailing
 Colleague / Clinic
