

IOMA 2023 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.
Best Address: _____
City/State/Zip: _____
Clinic: _____
Work Phone: _____ Cell Phone: _____
Email: _____
Preferred Name for Badge: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____
Emergency Contact Email: _____
Special Dietary Requirements: _____

INTERESTED IN JOINING IOMA?

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

- 1st year in practice\$100
- 2nd year in practice.....\$170
- 3rd year in practice.....\$250
- 4th year & over in practice \$340
- Out of State Membership \$120

IOMA CONFERENCE REGISTRATION RATES

Full Conference Registration

- IOMA / Iowa Obesity Society Member..... \$550.00
- Non-Member Physician..... \$675.00
- Retired IOMA Member (no CME)* \$275.00
- Retired Non-Member Physician (no CME)* \$345.00
- 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	\$275.00	\$295.00
<input type="checkbox"/> Friday General Session.....	\$275.00	\$295.00
<input type="checkbox"/> Friday Emergency Medicine Track ..	\$275.00	\$295.00
<input type="checkbox"/> Saturday	\$275.00	\$295.00

GETTING INVOLVED

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

PAYMENT INFORMATION

Membership Renewal Cost	\$ _____
Conference Registration Fee	\$ _____
SIM-IA Simulation Fee (\$30)	\$ _____
Late Fee (if dated after April 14- \$50)	\$ _____
Total Amount Enclosed	\$ _____

PAYMENT METHOD



Please consider registering online with a credit card by scanning this QR code or visiting <https://bit.ly/UMOHC2023>

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 Saturday May 6th - \$30

Please indicate the Friday track you'll attend:

- General Session
- Emergency Medicine (no additional fee)

How did you hear about our conference:

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