



2019 GLAO/MASO ANNUAL SESSION

September 12-15, 2019
Fort Lauderdale, Florida

• REGISTRATION FORM •

Please complete one form per person registered.

Attendee Contact Information

Name: _____ Email: _____

Address: _____ City/ State(/ Province) / Zip: _____

Country: _____ Cell: (____) _____

Name/ State for name badge (if different than above): _____

<p>Registration Type (rates after 8/12/19): (please select one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> AAO Member Doctor \$495 <input type="checkbox"/> GLAO or MASO Retired Member \$300 <input type="checkbox"/> Military Doctor \$395 <input type="checkbox"/> AAO Student Member \$225 University: _____ <input type="checkbox"/> Other / Non-AAO Member Doctor \$795 <input type="checkbox"/> Staff \$325 <input type="checkbox"/> Spouse / Guest (no CE credit) \$275 <input type="checkbox"/> Child (age 5 – 13) \$125 	<p>Events: (Please select the complimentary events you will attend)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Friday Continental Breakfast <input type="checkbox"/> Friday ABO Informational Meeting <input type="checkbox"/> Friday Ohio Assn. of Orthodontists Luncheon & Business Meeting <input type="checkbox"/> Friday Welcome Reception <input type="checkbox"/> Saturday Continental Breakfast <input type="checkbox"/> Saturday Educators Meeting (all educators welcome) <input type="checkbox"/> Sunday Continental Breakfast
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Membership Type:

- MASO
- GLAO
- None
- Other _____

Additional Events:

- Sat Evening Beach Barbecue- Registered Adult \$60
- Sat Evening Beach Barbecue - Unregistered Adult \$85
- Sat Evening Beach Barbecue - Registered Child \$25
- Sat Evening Beach Barbecue - Unregistered Child \$25
- Fun Run \$15

Payment Information:

Card Type: _____ Name on Card: _____ Billing Address: _____

Card # _____ Expiration Date _____ CCID _____

TOTAL _____