

# 2024 GOMA Virtual Fall CME Conference Registration Form

October 18–19, 2024

16 AOA CATEGORY 1A CME HOURS

Please Print Clearly. This Form May Be Copied for Additional Registrants.

Full Name: \_\_\_\_\_ AOA #: \_\_\_\_\_

Degree/Certification: DO \_\_\_ MD\_\_\_ OMS\_\_\_ Other: \_\_\_\_\_ Osteopathic College: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## REGISTRATION FEES: PLEASE SELECT YOUR REGISTRATION TYPE

Registration includes all lectures starting Friday, Oct. 18, at 8 am through Saturday, Oct. 19, at 5 pm

Early Registration  
(By 9/15/24)

Regular Registration  
(After 9/16/24)

- GOMA Member
- Non-Member
- GOMA Member 8-Hours
- Non-Member 8-Hours
- Intern/Resident/Fellow
- Student

\$400  
\$500  
\$225  
\$300  
\$75  
\$0

\$450  
\$550  
\$275  
\$350  
\$125  
\$0

Registration fee Sub Total \$ \_\_\_\_\_

## [REGISTER ONLINE](#) or **RETURN THIS FORM**

- Check is enclosed payable to GOMA       Credit Card

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**MAIL COMPLETED FORM TO:**  
GOMA Fall Conference Registration  
5133 Harding Pike, B-10 #380  
Nashville, TN 37205

Fax to  
615-709-3129

Email to  
[gomaosteo@outlook.com](mailto:gomaosteo@outlook.com)