

## **REGISTRATION FORM**

Name	AOA #		
Mailing Address (Home/Office)_			
City	State	Zip	
Phone	Cell		
E-mail COM & C		aduation Year	
☐ I will attend the ☐ I will have a gues	1	he Saturday, June 4 CME session on (\$25 per guest) *Complime s only	
Registration Fees:       Physician Member       Physician Member w/One-Year Membership Renewal       New Physician Member w/One-Year Membership       Physician Non-Member       Retired DO or Active-Duty Military       Advance Practice Providers, Allied Health Professionals       Resident       Student		\$175 \$275 \$325 \$225 \$145 \$99 \$75 \$25 <b>be aware of? If yes, please e</b>	Registration fee includes: Friday evening reception, 6 CME credits, conference materials, CME filing, Saturday breakfast and lunch, and refreshment breaks.
Payment: Total Due: \$			
□ Visa □ MasterCard	□ American Express	$\Box$ Discover $\Box$ Check	
Name as it appears on card			
Card #			
Expiration Date	Security Code		
Signature			
Billing Address (if different)			

Mail registration form and payment to: SCOMS, 350 Howard Street, Spartanburg, SC 29303 Email registration form to <u>tammy@scdos.org</u> or call (864) 327-9995

## Hotel Accommodations:

<u>Spartanburg Marriott</u> (864) 596-1211 299 North Church Street Spartanburg, South Carolina 29306 \$139 + tax per night (total \$157.07 per night) <u>Reservation Link</u>

<u>AC Hotel by Marriott Spartanburg</u> (864) 585-8900 225 West Main Street, Spartanburg, SC 29306 \$144 + tax per night (total \$163.04 per night)

## For an updated conference schedule or to Register on-line, visit <u>www.scdos.org</u>

Questions? Contact Tammy Whaley at tammy@scdos.org or 864-327-9995