



CAOG Meeting Registration Form

**Radisson Blu Mall of America
Minneapolis, Minnesota
October 17 – 20, 2018**

ATTENDEE INFORMATION (Please Print or Type)

Deadline Friday, September 7, 2018

| | | | | |
|---|--|--------------------------------|--|---------------|
| First Name: | | Last Name: | | |
| Badge Name: | | ACOG # | M.D. / D.O. / R.N. (circle one) | |
| Address: | | | | |
| City: | | State: | Zip: | |
| Telephone: | | Email: | | |
| DATE/EVENT | TIME | Cost Per Person | # of Persons | TOTAL* |
| Wednesday, Oct. 17, 2018 Welcome Reception | 6:30 – 9:00 p.m. | Covered in Registration Fee | | *** |
| Thursday, Oct. 18, 2018 Spouse/Guest Event | 8:30 – 10:00 a.m. | Covered in Registration Fee | | *** |
| Friday, Oct. 19, 2018 Reception/Dinner | 6:00 – 10:00 p.m. | Covered in Registration Fee | | *** |
| REGISTRATION FEE | CAOG Member | \$675 | | |
| | CAOG Adjunct- Member | \$500 | | |
| | CAOG Life Member | \$500 | | |
| | Residents/Nurses | \$450 | | |
| | Non-Member (MD/DO) | \$800 | | |
| *NOTE: All Fees in U.S. Dollars | Spouse/Guests ** (includes teenagers) | \$295 | | |
| "PLEASE MAKE A COPY OF THIS FORM FOR YOUR FILES" | | | Grand Total Enclosed | |

****Spouse/Guests Registration Fee:**

The \$295 spouse/guests/teenager registration fee includes Welcome Reception (Wednesday), Spouse/Guest Event (Thursday), and Reception/Dinner (Friday). Registered spouse/guests/teenagers will receive a CAOG name badge. Children 12 years and under are not required to pay a fee but will receive a CAOG name badge. Parents will be responsible for children at all times.

| Names of Spouse/Guests/Teenagers | Names & Ages of Children 12 and Under |
|---|--|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

Payment Information

Payment must be received in full to process your registration. Payment can only be in the form of a check, Visa, MasterCard, American Express or Discover. For questions regarding registration please call 701-838-8323 (Rochelle)

| | |
|---|------------------------------------|
| Check (payable to CAOG) | Check # |
| <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover | |
| Exp. Date: / | Security # (3 or 4 digits): |
| Credit Card # | |
| SIGNATURE: _____ (signature above hereby authorizes this transaction) | |

Cut-Off Date:

Your registration form must be received by CAOG no later than Friday, September 7, 2018. Please call if you experience any last minute problems.

Cancellation Policy:

Written cancellation must be received prior to Friday, September 21, 2018. A \$50 administrative fee will be assessed. No refunds will be issued after the September 21, 2018 cancellation date.

Confirmation:

Registrants will receive written confirmation with final details 3 weeks prior to the meeting.

To Register by Mail Return Completed
Form with Payment to:
Rochelle Hickel
CAOG Executive Director
P.O. Box 3010
Minot, ND 58702-3010

To Register by Fax Return Completed
Form with Payment to:
Rochelle Hickel
Executive Director
701-852-8733 (fax)

*Remember to please check with the bell man for complimentary luggage storage so you don't need to leave the meeting early!!