



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

**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** \_\_\_\_\_