

REGISTRATION FORM

The American Occupational Therapy Association's 88th Annual Conference & Expo

SECTION 1 REGISTRATION INFORMATION

AOTA member number	Company/organization name
Name (first, middle initial, last)	Business mailing address
Home address	City/State/Zip
City/State/Zip	Business phone number Fax
Home phone number	E-mail (Required)

As a service, AOTA may provide a Conference attendee list to select vendors.
Please check here if you wish to be excluded from this list. 13

Please indicate if appropriate: FAOTA 10 ROH 11 Retired OT/OTA (66 years or older) 66 Student 12 _____
School name as it will appear on badge

Accessibility Services
 14 Attach a letter with a detailed description of your needs or e-mail accessibilityservices@aota.org

SECTION 2 PRE-CONFERENCE INSTITUTE REGISTRATION Wednesday, April 9, 12:00–6:30 p.m.

Indicate the session number, along with a second choice. **First choice** _____ **Second choice (optional)** _____

Institute fee for Conference registrants \$125 (Registration for at least one full day of Conference required in addition to Institute fee. See Section 4.)

Institute-only registration	Nonmembers
AOTA members	
OT/OTA \$225 <input type="checkbox"/> MW Student \$166 <input type="checkbox"/> SW	OT/OTA \$344 <input type="checkbox"/> NW Student \$201 <input type="checkbox"/> NWS

Institute registration subtotal \$ _____

SECTION 3 PRE-CONFERENCE SEMINAR REGISTRATION Wednesday, April 9, 12:00–6:30 p.m.

Select one of these **complimentary** sessions:
 CarFit Technician Training S001 AOTA Board Certification and Specialty Certification S002 **Seminar registration subtotal \$** Complimentary

SECTION 4 MAIN CONFERENCE REGISTRATION FEES Check the appropriate box and enter subtotal below

Early and Regular Fees	AOTA members	Student, Retired OT	Nonmembers	OT, OTA, or Associate	Student, Retired OT
Early full Conference registration Received no later than Feb. 13	Individual \$415 <input type="checkbox"/> M Conference Speaker \$374 <input type="checkbox"/> ZM	\$245 <input type="checkbox"/> S \$210 <input type="checkbox"/> ZS	\$593 <input type="checkbox"/> N \$533 <input type="checkbox"/> ZN		\$296 <input type="checkbox"/> SN \$245 <input type="checkbox"/> ZS
Regular full Conference registration Received no later than Mar. 19	Individual \$484 <input type="checkbox"/> MR Conference Speaker \$434 <input type="checkbox"/> ZMR	\$350 <input type="checkbox"/> SR \$300 <input type="checkbox"/> ZSR	\$629 <input type="checkbox"/> NR \$566 <input type="checkbox"/> ZNR		\$420 <input type="checkbox"/> NSR \$362 <input type="checkbox"/> ZNSR
Daily registration (Fee noted is per day) Received no later than Mar. 19					
Thursday, Friday, or Saturday	Individual \$195 <input type="checkbox"/> M1 Conference Speaker \$176 <input type="checkbox"/> ZM1	\$140 <input type="checkbox"/> S1 \$120 <input type="checkbox"/> ZS1	\$254 <input type="checkbox"/> N1 \$229 <input type="checkbox"/> ZN1		\$168 <input type="checkbox"/> NS1 \$145 <input type="checkbox"/> ZNS1
Check day(s): Thursday <input type="checkbox"/> T Friday <input type="checkbox"/> F Saturday <input type="checkbox"/> S					
Sunday <input type="checkbox"/> SU	Individual \$154 <input type="checkbox"/> MS Conference Speaker \$139 <input type="checkbox"/> ZMS	\$110 <input type="checkbox"/> SS \$ 95 <input type="checkbox"/> ZSS	\$200 <input type="checkbox"/> NS \$180 <input type="checkbox"/> ZNS		\$132 <input type="checkbox"/> NSS \$114 <input type="checkbox"/> ZNSS
Conference registration fee subtotal \$ _____					

Questions? E-mail conference@aota.org or call 800-SAY-AOTA.

SECTION 5 GUEST REGISTRATION

Includes Welcome Ceremony, Expo Grand Opening and Welcome Reception, and unlimited entrance to Exhibit Hall. See the registration instructions for additional details. Note: Section 2 or 4 of form must be completed to register a guest.

Indicate name of guest(s) _____ \$85 each GU

Guest registration subtotal \$ _____

SECTION 6 SPECIAL EVENTS REGISTRATION

Note: Section 2 or 4 of form must be completed when registering for special events.

Indicate the number of tickets for these AOTA events

- | | Quantity | |
|---|----------|-------|
| <input type="checkbox"/> A. SIS Networking Reception, Wednesday, 7:00–9:00 p.m. | _____ x | \$ 15 |
| <input type="checkbox"/> B. OTOP Reception for New Practitioners, Thursday, 8:00– 9:30 p.m. | _____ x | free* |
| <input type="checkbox"/> C. Student Mixer, Thursday, 9:00–10:30 p.m. | _____ x | \$ 10 |
| <input type="checkbox"/> D. International Breakfast, Friday, 7:30 –9:00 a.m | _____ x | \$ 35 |
| <input type="checkbox"/> E. Annual Awards Reception, Saturday, 7:30–8:30 p.m | _____ x | \$ 35 |
| <input type="checkbox"/> F. AOTPA Night, OT/OTA, Saturday, 8:00–11:00 p.m. | _____ x | \$ 40 |
| <input type="checkbox"/> G. AOTPA Night, Students, Saturday, 8:00–11:00 p.m | _____ x | \$ 30 |

*Maximum 1 ticket per paid Conference registrant.

Indicate the number of tickets for these Foundation events

- | | | |
|---|---------|-------|
| <input type="checkbox"/> H. Japanese Garden Tour and Lunch, Wednesday, 1:30–3:30 p.m. | _____ x | \$ 60 |
| <input type="checkbox"/> I. Doctoral Network Reception and Annual Meeting, Wednesday, 6:30–10:00 p.m. | _____ x | \$ 25 |
| <input type="checkbox"/> J. AOTF Gala at the Madison Restaurant, Friday, 8:00–11:00 p.m. | _____ x | \$100 |
| <input type="checkbox"/> K. AOTF Research Colloquium and Tea, Saturday, 2:00–5:00 p.m. | _____ x | \$ 30 |
| <input type="checkbox"/> L. AOTF Breakfast With a Scholar, Saturday, 7:30–9:00 a.m. | _____ x | \$ 47 |

Special events subtotal \$ _____

Dietary options

- 15 Vegetarian 16 Specific food allergies (please provide written instructions)
 17 Kosher

SECTION 7 FEE TOTALS AND PAYMENTS

Fees are nonrefundable after March 14, 2008

Pre-Conference Institutes	Subtotal Section 2	\$ _____
Pre-Conference Seminars	Subtotal Section 3	Complimentary
Main Conference Registration	Subtotal Section 4	+ \$ _____
Guest Registration	Subtotal Section 5	+ \$ _____
Special Events Registration	Subtotal Section 6	+ \$ _____
Donation to Family Success by Design <input type="checkbox"/> M.	See page 10	+ \$ _____

TOTAL \$ _____

Method of payment

Full payment must accompany your registration form. Make checks (in U.S. funds only) payable to AOTA.

- Check VISA MasterCard

Card number _____ Expiration date _____

Cardholder's name and address _____

Signature _____

For office use only: Amt. paid \$ _____ Date _____ PC CC V MC CC

SECTION 8 REGISTRANT INFORMATION

- 18 Occupational Therapist
 19 Occupational Therapy Assistant
 20 Academic Education

Years in practice

- 21 0–2 years
 22 2–5 years
 23 6–10 years
 24 11–20 years
 25 20+ years

Primary interest (check one)

- 26 Accessibility & Environmental Modification
 27 Administration & Management
 28 Developmental Disabilities
 29 Driving
 30 Education
 31 Ergonomics & Work Programs
 32 Fieldwork
 33 Gerontology
 34 Hands
 35 Home & Community Health
 36 Low Vision
 37 Mental Health/ Psychosocial/Behavioral
 38 Physical Disabilities
 39 School System/ Early Intervention/ Pediatrics
 40 Sensory Processing/Sensory Integration
 41 Wellness/Health/Prevention

Who is paying your Conference fees?

- 42 Self
 43 Employer
 44 Combination

In case of emergency, while in Long Beach I will be staying at:

- 45 Hyatt Regency
 46 Hilton Long Beach
 47 Renaissance
 48 Westin
 49 Best Western
 50 Courtyard by Marriott
 51 Other _____

IT'S EASY TO REGISTER

Online

Register with a credit card at www.aota.org/register

By mail

Mail this completed registration form and payment to: **AOTA at ExpoTrac, PO Box 1280, Woonsocket, RI 02895**

By fax

Fax this completed form and credit card information to **401-765-6677**

By phone

Register with a credit card at **800-SAY-AOTA (800-729-2682)**

Reminder: Incomplete information on the registration form or underpayment will delay processing. Be sure to review the cancellation policy in the registration instructions before forwarding your form to AOTA.