Registration Form

The American Occupational Therapy Association
2012 Annual Conference & Expo

Section 1 Registration Information

AOTA member number

Name (first, middle initial, last)

Home address

City/State/Zip

Phone number

E-mail Address: Required to receive registration updates and CE letter for the 2012 AOTA Annual Conference

Company/organization name

Business mailing address

City/State/Zip

Business phone number Fax

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

Note that by allowing your badge to be scanned by individual vendors at their booths, you are releasing your contact information, including e-mail, to that individual vendor.

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 Program Directors Education Council Meeting

Tuesday, April 24, 8:30 am–5:00 pm and Wednesday, April 25 8:30 am–12:00 pm (for Program Directors of OT and OTA programs)

Pre-Registration Fees *(an additional $25 will be charged for onsite registration)*

AOTA members	Nonmembers
$155 ☐ PDM	$255 ☐ PDN

Section 2 registration subtotal $ _____

Section 3 Pre-Conference Institute & Seminar Registration

Wednesday, April 25

Indicate the Institute number you wish to attend _____

Institute IN 002–014 fee for Conference registrants $125 ☐ (Registration for at least one full day of Conference required in addition to Institute fee. See Section 5.)

Institute-only IN 002–014 registration

AOTA members	Nonmembers
OT/OTA $225 ☐ MW Student $180 ☐ SW	OT/OTA $344 ☐ NW Student $196 ☐ NWS

½ Day Institute IN 001: Hands-On Lab Session: Custom-Fabricated Orthoses for the Upper Extremity from 2:00 pm–5:00 pm $75 ☐ IN001

Seminar Registration—Select one:

CarFit Technician Training ☐ S001 $35 materials fee.

AOTA Board Certification and Specialty Certification ☐ S002 $35 reservation fee*
**The S002 Seminar fee is non-refundable, but will automatically be applied to your Certification application fee.*

Changing Practice Settings: Becoming an OT Educator ☐ S003 $35 materials fee

Section 3 registration subtotal $ _____

Section 4 Fieldwork Educators Certificate Workshop

Wednesday, April 25 8:00 am–5:00 pm & Thursday, April 26, 8:00 am–3:30 pm

AOTA members	Nonmembers
$225 ☐ FEM	$359 ☐ FEN

Section 4 fee subtotal $ _____

Section 5 Main Conference Registration Fees

Check the appropriate box and enter subtotal below

Early and Regular Fees		AOTA Members: OT, OTA, or Associate	AOTA Members: Student, Retired OT	Nonmembers: OT, OTA, or Associate	Nonmembers: Student, Retired OT	"Join Now" Package—Membership & Conference: OT or Assoc.	"Join Now" Package—Membership & Conference: OTA
Early full Conference registration	Individual	$415 ☐ M	$265 ☐ S	$593 ☐ N	$322 ☐ SN	$606 ☐ JO	$526 ☐ JA
Received no later than **March 7**	Conference Speaker	$374 ☐ ZM	$237 ☐ ZS	$533 ☐ ZN	$267 ☐ ZSN	$565 ☐ JZO	$485 ☐ JZA
Regular full Conference registration	Individual	$484 ☐ MR	$378 ☐ SR	$629 ☐ NR	$457 ☐ NSR	$675 ☐ JOL	$595 ☐ JAL
Received by **April 11**	Conference Speaker	$434 ☐ ZMR	$327 ☐ ZSR	$566 ☐ ZNR	$394 ☐ ZNSR	$625 ☐ JZOL	$545 ☐ JZAL
	Provide session number (Ex. SC 105) or session title. _____						
Daily registration (Fee noted is per day) Received by **April 11**							
Thursday, Friday, or Saturday	Individual	$195 ☐ M1	$152 ☐ S1	$254 ☐ N1	$183 ☐ NS1		
Check day(s): Thursday ☐ T Friday ☐ F Saturday ☐ S	Conference Speaker	$176 ☐ ZM1	$130 ☐ ZS1	$229 ☐ ZN1	$158 ☐ ZNS1		
Sunday ☐ SU	Individual	$154 ☐ MS	$119 ☐ SS	$200 ☐ NS	$143 ☐ NSS		
	Conference Speaker	$139 ☐ ZMS	$103 ☐ ZSS	$180 ☐ ZNS	$124 ☐ ZNSS		

Conference registration fee subtotal $ _____

Registration form, continued

Name _____

Member number _____

Section 6 Guest Registration

Includes Welcome Ceremony, Expo Grand Opening and Welcome Reception, and unlimited entrance to the Exhibit Hall. See the registration instructions for additional details. Note: Section 5 of form must be completed to register a guest.

Indicate name of guest(s) _____

$85 each ☐ GU

Guest registration subtotal $ _____

SECTION 7 Special Events Registration

Note: Sections 3 or 5 of form must be completed to register for special events.

Indicate the number of tickets for these AOTA events	**Quantity**
☐ A. SIS Networking Reception, Wednesday, 7:30–9:00 pm	Complimentary
☐ C. International Breakfast, Thursday, 7:30–9:00 am	_____ x $ 35
☐ B. Students Un-Conferenced, Thursday, 8:30–10:30 pm	Complimentary
☐ D. Awards Reception, Saturday, 6:45–7:45 pm	_____ x $ 35
☐ E. AOTPAC Night: OT KaraOTe Idol, OT/OTA, Saturday, 7:30–10:30 pm	_____ x $ 40
☐ F. AOTPAC Night OT KaraOTe Idol, Students, Saturday, 7:30–10:30 pm	_____ x $ 25
Indicate the number of tickets for these Foundation events	
☐ H. Doctoral Network Reception and Annual Meeting, Wednesday, 6:30–9:30 pm	_____ x $ 30
☐ I. AOTF Breakfast With a Scholar, Friday, 7:30–9:00 am	_____ x $ 50
☐ J. AOTF Research Colloquium, Friday, 2:00–5:00 pm	_____ x $ 35
☐ K. The 2012 AOTF Gala, Friday, 8:00–11:00 pm	_____ x $115
☐ L. The 2012 AOTF Gala, Students, Friday, 8:00–11:00 pm	_____ x $ 45

Special events subtotal $ _____

Dietary options

☐ 15 Vegetarian ☐ 16 Specific food allergies (please provide written instructions)

☐ 17 Kosher

Section 8 Fee Totals and Payments

Fees are nonrefundable after March 28, 2012

Program Directors Meeting	Subtotal Section 2	$_____
Pre-Conference Institutes & Seminars	Subtotal Section 3	+ $_____
Fieldwork Educators Certificate Workshop	Subtotal Section 4	+ $_____
Main Conference Registration	Subtotal Section 5	+ $_____
Guest Registration	Subtotal Section 6	+ $_____
Special Events Registration	Subtotal Section 7	+ $_____
Donation to CHAMP Camp ☐ N **www.champcamp.org**	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 9 Registrant Information

☐ 18 Occupational Therapist
☐ 19 Occupational Therapy Assistant
☐ 20 Associate

Years in practice

☐ 37 Student
☐ 21 0–2 years
☐ 22 3–5 years
☐ 23 6–10 years
☐ 24 11–20 years
☐ 25 20+ years

Primary interest (check one)

☐ 26 Academic & Fieldwork Education
☐ 27 Children & Youth
☐ 28 General & Professional Issues
☐ 29 Health & Wellness
☐ 30 Mental Health
☐ 31 Productive Aging
☐ 32 Rehabilitation, Disability, & Participation
☐ 33 Work & Industry

NBCOT No. _____

The following information is for AOTA use only.

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

☐ 45 JW Marriott
☐ 46 Courtyard by Marriott
☐ 47 Crowne Plaza at Historic Union Station
☐ 48 Fairfield Inn & Suites
☐ 49 Hyatt Regency Indianapolis
☐ 50 Indianapolis Marriott Downtown
☐ 51 Omni Severin Hotel
☐ 52 Springhill Suites
☐ 53 Westin Indianapolis
☐ 54 Other_____

Emergency Contact

☐ 34 Name _____

☐ 35 Phone _____

☐ 36 Cell _____

IT'S EASY TO REGISTER

Online
Register with a credit card at **www.aota.org/conference**

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.