

**2023 Winter Scientific Seminar**

Thursday, December 7 to Sunday, December 10, 2023

@ The Westin Chicago/Lombard, Illinois

[IOMS@IOMS.org](mailto:IOMS@IOMS.org) - (872) 216-0244 - [www.ioms.org](http://www.ioms.org)



**2023 Winter Scientific Seminar Registration Form**

**\*RATES BELOW BECAME EFFECTIVE ON NOVEMBER 21<sup>ST</sup>**

**Member Registration Category**

**Member - Full Conference \$700**

- Member - Thursday Only \$370
- Member - Friday Only \$370
- Member - Saturday Only \$390
- Member - Sunday Only \$300

**Retired - Full Conference \$475**

**Physician Resident - \$350**

**Osteopathic Medical Student - \$0\*\***

*\*\*OMS - Campus email required; permission to verify student status; does not include lunch*

**Non-Member Registration Category**

**Non-Member - Full Conference \$1070**

- Non-Member - Thursday Only \$505
- Non-Member - Friday Only \$505
- Non-Member - Saturday Only \$525
- Non-Member - Sunday Only \$385

**Retired - Full Conference - \$845**

**Physician Resident - \$500**

**Osteopathic Medical Student - \$0\*\***

*\*\*OMS - Campus email required; permission to verify student status; does not include lunch*

**Other State Society Member** (Statewide osteopathic societies only; not applicable to specialty colleges)

*Check Member Category box above and this box to get Member rate. IOMS will verify membership.*

**President's Reception: Friday, 6:15pm** (this event is included with both Friday and Full Conference registrations)

I plan to attend

I do not plan to attend

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

AOA ID \_\_\_\_\_ Phone \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

ADA &/or Dietary Request(s) \_\_\_\_\_ Email \_\_\_\_\_

Primary Specialty \_\_\_\_\_ Practice Type \_\_\_\_\_

How did you hear about this event? (please check all that apply)    \_\_\_ Attended Past IOMS Conferences

\_\_\_ Postcard    \_\_\_ Email    \_\_\_ Mailing    \_\_\_ Colleague    \_\_\_ AOA Website    \_\_\_ IOMS Website

Emergency Contact Name \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Payment    \_\_\_ Credit Card (visit [www.ioms.org](http://www.ioms.org) to register & pay online with credit card)  
              \_\_\_ Payment Enclosed (check payable to: *Illinois Osteopathic Medical Society – do not send cash*)

**Please mail completed form and check\* by 11/30/2023 to:** IOMS, 4044 N. Lincoln Ave, #362, Chicago, IL 60618

You may also call IOMS office for questions or to register by phone at (872) 216-0244 or email [ioms@ioms.org](mailto:ioms@ioms.org).

**Cancellation/Refund Policy:** Refunds minus a \$75 fee through Nov 22. No refunds after Nov 23.