

International African American Prosthetic & Orthotic Coalition

Annual Meeting
18th -20th April 2019
Texas Scottish Rite Hospital for Children
2222 Wellborn St. Dallas, Texas 75219
Warwick Melrose Hotel-Dallas
3015 Oak Lawn Ave Dallas, Texas 75219
Tel. 1 214 224 3108

Meeting Registration Form

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(W) _____ (H) _____ (Fax) _____ (W\H)

Email Address _____

Names of additional attendees: _____

Business Name or Employer: _____

Please note that you must be a paid member to register as a member at the lower membership fees.

Annual Membership Dues

____ 2019 Annual Dues for Active, Associated and Honorary Membership - \$100.00 \$ _____

____ 2019 Annual Dues for Student Membership (dues *not required to attend*) - \$50.00 \$ _____

Meeting Registration (before 18th March 2019)

MEMBER [for Members who have paid 2019 Dues (see above)]	\$200.00
NON MEMBER Prosthetist, Orthotist	\$350.00
OTHER HEALTH CARE PROFESSIONAL (PT,OT,Dr.)	\$100.00
FULL TIME P&O STUDENT (Registration required by 18 th March 2019)	Free

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LATE REGISTRATION FEE apply after 18th March, add an additional \$50.00 per person

REGISTRATION AT THE DOOR, LATE FEES WILL APPLY

DONATION TO THE SCHOLARSHIP FUND \$ _____

LATE FEES after 18th March / \$50.00 per person \$ _____

Total # Attending: _____	Total Membership Dues	\$ _____
	Total Registration Fees	\$ _____
	Scholarship Donation	\$ _____

Check # _____ Total Payment \$ _____

Please make your own hotel reservations: \$159/night, Group Code "1904INTERN"

Make checks payable to **IAAPOC** and mail the check and completed registration form to:

Tony Thaxton Jr.
IAAPOC
1391 Everhart St. SW
Atlanta, GA 30310-4321

