

SPRING FLING 2019 REGISTRATION

33RD ANNUAL CME CONFERENCE

Please fill out all the information below and mail or fax to the information listed below. You may also register via phone. Payment is required for conference credit.

Mail: OSU-CHS Alumni Association Attn: Darin Tyson 1111 West 17 th Street Tulsa, OK 74107	Fax: 918-561-5876 Phone: 918-561-1109
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Registration Information (please print)

First & Last Name (required) _____

Degree (circle) D.O. M.D. Ph.D. J.D. P.A. Other _____

Specialty _____

AOA # (required) _____ State/License # _____

Street Address (required) _____

City, State, Zip code (required) _____


Mobile Phone (required) _____

Email (required) _____

OSU-CHS Alumni? Yes No Year? _____

Please Circle Below

Registration Selection	Paid <u>Before</u> May 1, 2019	Paid <u>After</u> May 1, 2019
OSU-CHS Alumni Association Member	\$400.00	\$500.00
Non-OSU-CHS Alumni Association Member	\$450.00	\$550.00
Retired physician or other health care professional	\$175.00	\$275.00
Students, interns and residents	Free	Free

Method of Payment (please circle)  (please do not forget your card's exp. date & 3-digit CID)	<u>MasterCard</u> Additional fee Will be charged	<u>Visa</u> Additional fee Will be charged	<u>Check</u> Number
(if necessary) Credit Card # _____	_____	_____	
_____	Expiration Date	3-Digit CID	
Billing Address (if different than above)			

Please make all checks payable to: **OSU-CHS Alumni Association**