



# Georgia AOE 2019 Annual Meeting

November 13-15, 2019, Omni Hilton Head Oceanfront Resort, Hilton Head, SC

Please make checks payable to: Georgia AOE

Mail to: Georgia AOE c/o Lencie Gradishar, 1215 E. Robinson Street, Orlando, Florida 32801

Phone: 844-234-7800 | Fax: 813-949-8994 | e-mail: [lencie@meverresources.com](mailto:lencie@meverresources.com)

## MEETING REGISTRATION

**Current GAOE Member Registration Fee \$175.00**       **Non Member Registration Fee \$350.00**

Please note that a \$40 surcharge will apply to all registrations received after November 2, 2019.

Any cancellations after October 14, 2019 will incur a \$40 cancellation fee.

Attendee Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Practice Type:  Private     Multi Specialty     University Affiliated     Hospital Based/Owned     Solo     Clinical/Research

Number of Physicians in Practice: \_\_\_\_\_

Number of Locations: \_\_\_\_\_

### **Event & Break Out Session Attendance:** Please check your response for each event

First Time Attending  Yes     No    If Yes will you be attending the First Timers Reception on Wednesday @ 5pm? :  Yes     No

Date	Time	Event		
Wednesday Nov 13	5:30 pm – 7pm	<input type="checkbox"/> Welcome Reception		<input type="checkbox"/> I will not attend
Thursday Nov 14	10:30 am – 12:30 pm	<input type="checkbox"/> Managers Track	<input type="checkbox"/> Coders Track	<input type="checkbox"/> I will not attend
Thursday Nov 14	1:15 pm – 3:45 pm	<input type="checkbox"/> Managers Track	<input type="checkbox"/> Coders Track	<input type="checkbox"/> I will not attend
Thursday Nov 14	5:30 pm – 7pm	<input type="checkbox"/> Reception in the exhibit hall		<input type="checkbox"/> I will not attend
Friday Nov 15	8:30 am – 9:30 am	<input type="checkbox"/> Managers Track	<input type="checkbox"/> Coders Track	<input type="checkbox"/> I will not attend
Friday Nov 15	10:00 am – 12:00 noon	<input type="checkbox"/> Managers Track	<input type="checkbox"/> Coders Track	<input type="checkbox"/> I will not attend

### **Payment Information:**

#### Credit Card Payment Information

I hereby authorize the following amount to be charged to my credit card.      Amount Authorized:      \$ \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_      Security Code: \_\_\_\_\_      Billing Zip Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

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