



Maryland Association of Osteopathic Physicians

presents

The 14th Annual Chesapeake Regional Osteopathic Scientific Conference

held

Thursday, June 19 - Sunday, June 22, 2008*

* Thursday: 7pm-9pm Friday: 7am-5pm Saturday: 7am-5pm Sunday: 8am-12pm

at

Holiday Inn Oceanfront Hotel & Conference Center
6600 Coastal Highway, Oceanfront at 67th Street
Ocean City, Maryland 21843

A hotel and state of the art conference center in the heart of Ocean City. Indoor & outdoor pools, exercise room, tennis, shuffleboard, game room, restaurant and lounge, poolside bar and grill, 11 golf courses nearby. To reserve a room at the conference rate (\$209 & \$239/night), call the Holiday Inn Oceanfront Hotel and Conference Center directly by May 19, 2008 at 410-524-1600 or 1-800-837-3588. To receive the conference rate, you must mention that you are making a reservation with MAOP.

Registration Fee Schedule

	<i>Advance</i>	<i>After 6/1</i>
<i>MAOP Member</i>	\$495	\$595
<i>Other State Osteopathic Association Member (Indicate State: _____)</i>	\$495	\$595
<i>Non-Member</i>	\$625	\$695
<i>Retired MAOP Physician</i>	\$75	\$75
<i>Residents/Interns/Students</i>	\$50	\$50

This program anticipates being approved for 26 hours of AOA Category 1-A CME credit pending approval by the AOA CCME

Proposed Topics Include: OMT, Fibromyalgia, Sports Medicine, Urology, Pain Management, Staph Resistance, Sleep Disorders, Orthopaedics, High Risk Obstetrics, HPV and Shingles Vaccine, among many others.

Conference brochure will be mailed in March 2008.

Questions? Contact MAOP at 410-683-8100 or 1-888-741-6267 (maop)

2008 MAOP CONFERENCE REGISTRATION FORM

AOA#: _____

Name: _____

Address: _____

Work Phone: _____ Home Phone: _____

E-mail (for confirmation of registration): _____

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Registrations must be postmarked by June 1, 2008 to receive Advance Rate

Payment by Check or Credit Card

Registration Fee: \$ _____

Check #: _____

Or

Credit Card: Visa MasterCard Discover

Card Number: _____ Expiration Date: _____

3 or 4 digit security code on back of card: _____

Card Holder: _____

Billing Address: _____

Signature: _____ Date: _____

Return to: MAOP
3603 Southside Avenue, Phoenix, MD 21131
Fax: 410-683-8200