

REGISTRATION FORM – P.A.O. 54th ANNUAL MEETING

Date: Friday, April 17th, 2020

The Liberty View
Independence Visitor Center
599 Market Street
Philadelphia., PA 19106
<https://www.thelibertyview.com/>

REGISTER ONLINE AT: www.PAOrthodontists.org
FAX TO P.A.O.: 215-234-9936 OR MAIL TO: P.A.O., PO Box 96, Green Lane,
PA 18054-0096

DOCTOR'S NAME: _____ SPOUSE:

STAFF OR GUEST:

STAFF OR GUEST:

STAFF OR GUEST:

STAFF OR GUEST:

ADDRESS:

CITY:

STATE: _____ ZIP: _____

OFFICE PHONE: _____ FAX:

EMAIL: _____

REGISTRATION: (CIRCLE ONE)

	BEFORE APRIL 1, 2020	AFTER APRIL 1, 2020
PAO MEMBER.....	\$200.00.....	\$250.00
F/T FACULTY.....	\$150.00.....	\$200.00
RETIRED PAO.....	\$150.00.....	\$200.00
ORTHO RESIDENT.....	\$75.00.....	\$125.00
NON AAO MEMBER.....	\$250.00.....	\$300.00
SPOUSE/GUEST.....	\$100.00.....	\$150.00
STAFF	\$100.00.....	\$150.00

CHECKS: PAYABLE TO: PENNSYLVANIA ASSOCIATION OF
ORTHODONTISTS

CREDIT CARDS: PAYMENT THROUGH PAYPAL:

GO TO: www.PayPal.com and send funds to: PAOrthodontists@comcast.net