All payments must be made in U.S. dollars. Mail registration form along with check payable to AAOMS or credit card information to:

AAOMS, Attn: Registration, 9700 W. Bryn Mawr Ave., Rosemont, IL 60018-5701

OR fax registration and credit card information to 847-678-6279. A separate form must be completed for each registrant. Mailed or faxed registration forms must be received by Sept. 25.

Online registration also is available at **OMSFoundation.org/Alliance-Events**.

You're invited to be part of the Alliance experience at the 2026 AAOMS Annual Meeting in Seattle

The Alliance Committee warmly welcomes attendees, spouses, partners and guests to join this year's events – designed to bring people together through friendship, networking and a shared commitment to give back.

Registrant AAOMS ID NUMBER (IF APPLICABLE) _____

First Name | Middle Initial | Last Name | Degree(s) | Nickname

Practice Name (if applicable)

Practice or Home Address | City | State/Province/County | ZIP/Postal Code | Country

Practice or Home Phone | Fax | Email *(A unique email address is required for each registrant.)*

Emergency contact information

Name | Relationship | Phone

❒ Cell ❒ Home ❒ Work

Health Walks and Networking Breakfasts

Sept. 30 – Oct. 2 • 7:30 – 9:30 a.m. • Hyatt Regency Seattle

Start your day with an energizing walk from 7:30 to 8:30 a.m. Sept. 30, Oct. 1 and Oct. 2. On Wednesday and Friday, follow your walk with a Networking Breakfast from 8:30 to 9:30 a.m.

Registration required.

$30 (per person) x Qty ___ = $_____

Total: $_____ *(enter this amount on Line 1 under Total Fees)*

Registration includes participation for all three days, two networking breakfasts and a commemorative T-shirt.

Additional Guest Name(s) *(If purchasing more than one ticket)* :

First Name | Last Name

First Name | Last Name

Children 16 or older must have a separate registration. Children 15 and under are welcome free of charge. Please list any guest under age 16 in your party:

First Name | Last Name

First Name | Last Name

As part of the registration fee, each guest is provided with a T-shirt at the registration table on the day of the event. Please select T-shirt size for each paid participant:

Men: ___ Small ___ Medium ___ Large ___ Extra Large ___ 2XL

Women: ___ Small ___ Medium ___ Large ___ Extra Large ___ 2XL

What day(s) will you be attending the walk? (Check all that apply.)

❒ Wednesday ❒ Thursday ❒ Friday

Luncheon and FUNraiser

Thursday, Oct. 1 • 11 a.m. – 1 p.m.

The OMS Foundation Alliance Luncheon and FUNraiser for GIVE is taking place on Thursday, Oct. 1 from 11 a.m. – 1 p.m., at **2120**, a restaurant in Seattle.

Registration required.

Through July 31 $150 (per person) x Qty ___ = $_____

After July 31 $175 (per person) x Qty ___ = $_____

Total: $_____ *(enter this amount on Line 2 under Total Fees)*

Additional Guest Name(s) *(If purchasing more than one ticket)* **:**

First Name | Last Name

First Name | Last Name

Please indicate any food allergies or dietary restrictions for you and/or your guest(s).

Please select your entrée(s):

___ Carrot Coconut Curry (vegan) ___ Steak Frite ___ Seafood Tagliatelle

Payment method

❒ Check Enclosed **(made payable to AAOMS)** *or*

Credit Card: ❒ American Express ❒ Discover ❒ MasterCard ❒ Visa

Credit Card Number

Security Code | Expiration Date

Name of Cardholder

Signature

Credit Card Billing Address | City

State/Province/County | ZIP/Postal Code | Country

Total Fees

Line 1: Health Walks and Networking Breakfasts $_____

Line 2: Luncheon and FUNraiser $_____

Total Registration Fee Due $_____

Advance registration forms must be received by the OMS Foundation no later than 5 p.m. CDT Sept. 25. Make a copy of this completed form for your records.