



Conference Brochure

2010 Annual Conference
June 24 - 27, 2010
Downtown Hilton Hotel, Lexington, KY

**KENTUCKY
OSTEOPATHIC
MEDICAL
ASSOCIATION**

Conference Objectives

At the conclusion of the conference, the participant will be able to:

- Discuss recent advances and issues of concern regarding osteopathic medicine and wellness;
- Understand the diagnosis, management, and treatment of disease and injuries; and
- Understand the importance of osteopathic manipulative treatment.

Continuing Education Credits

KOMA has requested that the AOA Council on Continuing Medical Education approve this program for up to 32.0 hours of AOA Category 1-A CME credits (includes additional 2.0 hours of CME credit for visiting all exhibit booths). Approval is currently pending.

Registration Information:

Please complete all items on the registration form enclosed—type or print legibly. Keep one copy of this completed form for your records.

Choose to register one of three ways:

1. Register online via the KOMA website at www.koma.org.
2. Fax your completed registration form with credit card information to +1-608-443-2474 or +1-608-443-2478.
3. Mail your completed registration form and payment to the KOMA Office (2424 American Lane, Madison, WI 53704).

The deadline for the early registration discount rate is June 4, 2010. After that time, increased rates will apply. Onsite registration is available. Please note that registrations received after June 4, 2010, will not be included in the attendee directory.

Please provide an email address in order to receive a registration confirmation. If you do not receive a confirmation email within three weeks of registering, please call KOMA at +1-608-441-3865, or send an email to koma@reesgroupinc.com to verify that your registration form has been received.

Your Registration Fee includes:

- Continental breakfasts
- Refreshment breaks
- Luncheons
- Presidential Reception
- Conference publications and materials
- Access to the Exhibit Area

Hotel Information

KOMA has reserved a group rate for conference attendees at \$119 per night for single and double occupancy. Executive floor guestrooms are available at the group rate of \$134, based on availability. All reservations must be secured by June 1, 2010, to receive the special group rate. After June 1, 2010, the room rate will be based on availability.

Make your hotel reservations now by calling the Hilton Lexington Downtown Hotel directly at +1-859-231-9000 or +1-800-445-8667. In order to receive the special rate for phone reservations the booking code of: KOMA10 and please identify yourself as an attendee of the KOMA meeting.

You can also make conference online reservations at: <http://www.lexingtondowntownhotel.com/html/hotel-reservations-lexington.asp> and enter the group/convention code: KOMA10 to receive the special rate prior to June 1, 2010.

When reserving hotel accommodations, it is recommended by the hotel to provide a major credit card, not a debit card, to guarantee your reservations. For additional hotel services and amenities visit: www.lexingtondowntownhotel.com.

2010 Program Topics

- GYN Procedures (Endometrial Biopsy & IUD Insertion)
- Joint Injection Workshops
- OMT Workshop & Breakout Labs
- Lesion Biopsy, Excisio, Destruction Workshop and Labs
- Bio-Identical HRT & Testing
- Genetic Testing & Medicine
- Snake Bite & Wound Care
- Pediatrics & Medication
- Renal Failure & Stroke
- The Host/Disease Model – Theory, Implications & Application in Practice
- Using Spirometry in your Office

Presidential Banquet Reception:

The Presidential Reception will be held on Saturday, June 26 from 6:00 p.m. to 10:00 p.m. at the Lexington Downtown Hilton Hotel. Registrants are able to attend the Presidential Reception as part of their conference registration at no additional charge by pre-registering prior to June 4, 2010. No refund will be given if you do not attend the reception. Adult guest tickets are \$50 each, children 6-13 years of age are \$25 each and children under 5 years of age can attend with no charge. Please note anyone attending the Presidential Reception is required to wear a name badge. In order to secure a ticket and name badge please indicate your attendance on the registration form.

Special Services

If you require any special arrangements or dietary needs, please call or email KOMA Registrar, Amanda Hulfachor at +1-608-441-3865 or info@koma.org.

Cancellation Policy

Refund requests by participants must be sent in writing to the KOMA Office no later than June 4, 2010. The reason for the refund request must be specifically indicated in the letter. There will be a \$50 service charge for all refunds.

Grievance Policy

All grievances should be provided in writing, along with the reason to the KOMA Office. The CME Chair and Executive Director will consider each request individually.

Exhibit Area

You will have the opportunity to meet one-on-one with more than 100 physicians and exhibitors in an informal environment away from the time restraints and interruptions of a busy practice. As an added benefit of the exhibit area at the KOMA Conference, attendees are awarded 2.0 hours of CME credit for visiting each Tabletop Booth. Yet another reason to join this informative and interactive Conference. Please contact Brooke Miller at KOMA for further information and to secure your space. Phone: +1-608-441-1060 ext. 148; email: bmiller@reesgroupinc.com.

Sponsors

KOMA truly values its Sponsors. Your support is genuinely appreciated! This year's conference offers many opportunities for sponsorship and showcasing your company. KOMA invites companies to provide any of the following: commercial support for a speaker, unrestricted educational grant, or support for a break, breakfast, lunch, or dinner. Please contact Brooke Miller, for further information and rates at: +1-608-441-1060 ext. 148; email: bmiller@reesgroupinc.com.

Driving Directions

Airport Address: 4000 Terminal Drive, Lexington, KY 40510

Hotel Address: 369 West Vine Street, Lexington, KY 40507

Additional driving directions may be obtained online.

Driving Directions (6.1 miles) from Blue Grass Airport (LEX) to Lexington Downtown Hilton Hotel:

- Go southeast on Terminal Dr toward Airfreight Dr.
- Turn left onto Man O'Wae Blvd.
- Turn right onto Versailles Rd/US-60 E.
- Follow Versailles Rd.
- Versailles Rd becomes US-60 BR E.
- Turn Left onto S. Broadway/US-27/US-60 BR/US-68.
- Turn Right onto W Vine ST/US-25 BR S/US-421 BR S/US-60 BR E.
- End at 369 W Vine St. at Hotel.

Questions?

Contact KOMA at:

Web: www.koma.org

Email: info@koma.org

Phone: +1-608-441-3865

Fax: +1-608-443-2474

Mail: 2424 American Lane, Madison, WI 53704

Hotel Contact:

Hilton Lexington Downtown Hotel

+1-859-231-9000

info@lexingtondowntownhotel.com

www.lexingtondowntownhotel.com.

For more information about activities in Lexington contact:

Lexington Convention & Visitors Bureau

+1-800-845-3959

vacation@visitlex.com

www.visitlex.com

Kentucky Osteopathic Medical Association

Annual Meeting Registration Form • June 24 - 27, 2010

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Contact Information:

Send confirmation to:
 Prefix: Dr. Mr. Ms. _____ First Name: _____
 Nickname (if applicable): _____ Middle Initial: _____
 Last Name: _____ Degree(s): _____
 Job Title: _____ Board Certification(s): _____
 Company/Affiliation: _____
 Mailing Address: _____

 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____
 Address Type: Work Home AOA Number: _____

Badge Information:

This is how your badge will read. Please complete only those lines that are different from the "Registration Information."
 Name: _____
 Company/Affiliation: _____
 City, State: _____

General Information:

Please provide a contact name, phone number(s) of a friend or relative and note any special assistance in case of emergency:
 Name: _____
 Phone: _____
 I need special assistance. (A KOMA staff member will contact you.)
 I have the following dietary restrictions: _____

Registration Fees:

The deadline for the early registration discount is on or before June 4, 2010.

	On or Before 6/4/2010	After 6/4/2010
Member	<input type="checkbox"/> \$395	<input type="checkbox"/> \$495
Non-Member	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650
Retired	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300
Resident	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150
Student	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60

Presidential Reception:

(check all that apply)

- Yes, I am interested in attending the Presidential Reception.
- Yes, I am interested in bringing guest(s)
 - I am bringing _____ children (5 years or younger), at no charge.
 - I am bringing _____ children (6 – 13 years), at \$25 per person.
Names of children attending: _____
 - I am bringing _____ adults, not counting myself, at \$50 per person.
Names of adults attending: _____
- I, or my guests, have the following dietary restrictions.
 - Vegetarian entrees (Qty: _____) Kosher entrees (Qty: _____)
 - Other: _____ (Qty: _____)
- No, I am not interested in attending the Presidential Reception.

Membership Fees:

If you are renewing or joining KOMA at this time, please select the appropriate level:

- Licensed Physician - \$400
- First Year in Practice - \$200
- Resident/Intern - \$50
- Osteopathic Student - \$25
- Retired Physician - \$50
- Out of State DO - \$50
- Associate Membership - \$50

**A percentage of dues payments are deductible by members as an ordinary and necessary business expense. The organization estimates 2% of your annual membership dues is spent on lobbying expense and therefore nondeductible as a business expense. Please consult your tax consultant for further information.*

Continuing Education Credits:

Register for continuing education credits by checking ALL of the applicable boxes:
 Yes, I would like to receive Continuing Medical Education (CME) credit hours.
 Yes, I would like to receive Continuing Medical Education (CME) Specialty credit hours. Primary Specialty: _____
Please note: You will receive a credit reporting form when you pick up your registration materials onsite and you will be responsible for completing and returning this form to the KOMA registration desk prior to the end of the conference.

Payment Information:

Registration Fees: \$ _____
 Membership Fee: \$ _____
 Presidential Reception Fee:
 Guest(s): Children (6-13) _____ x \$25 each \$ _____
 Guest(s): Adult _____ x \$50 each \$ _____

Total Registration Fee: \$ _____

Check one of the following options and enclose payment. Forms not accompanied by proper registration fees will be returned.

- Check (payable to KOMA)
 - Credit Card (Visa Mastercard)
- Credit Card Number: _____
 Expiration Date: _____
 Cardholder's Name: _____
 Cardholders Signature: _____