THE CENTRAL ASSOCIATION OF

OBSTETRICIANS AND GYNECOLOGISTS



91ST ANNUAL MEETING OCTOBER 16 – 19, 2024 (WEDNESDAY – SATURDAY)

THE HYATT REGENCY INDIANAPOLIS
ONE SOUTH CAPITOL AVENUE
INDIANAPOLIS, IN

CONFERENCE INFORMATION AND REGISTRATION





CAOG Meeting Registration Form

The Hyatt Regency, Indianapolis, IN October 16 – 19, 2024

ATTENDEE INFORMATION (Please Print or Type)

Deadline Friday, September 6, 2024

First Name:	Last Na	nme:		
Badge Name:	ACOG	M.D. / D.O. / R.N. (circle one)		
Address:				
City:	State:	Z	ip:	
Telephone:	Email:			
DATE/EVENT	TIME	Cost Per Person	# of Persons	TOTAL*
Wednesday, Oct. 16, 2024 Welcome Reception	6:00-9:00 p.m.	Covered in Registration Fee		***
Thursday, October 17, 2024 Partner/Guest Event	8:30 – 10:00 <u>a.m.</u>	Covered in Registration Fee		***
Friday, Oct. 18, 2024 Farewell Reception/Dinner	6:30 – 9:00 p.m.	Covered in Registration Fee		***
REGISTRATION FEE	CAOG Member	\$700		
	CAOG AdjunctMember	\$550		
	CAOG Life Member	\$600		
	Residents/Nurses	\$500		
	Non-Member (MD/DO)	\$800		
	Partner/Guests *	\$300		
			Grand Total	
Indiana/Local NonMember CME Only Fee \$100/Day (includes breakfast + break)	Thursday			
	Friday			
	Saturday			
PLEASE MAKE A COPY OF THIS FORM FOR YOUR FILES (all fees in U.S. dollars)			Indiana/Local Total Fee	

**Partner/Guests Registration Fee:

The \$300 partner/guests/teenager registration fee includes Welcome Reception (Wednesday), Partner/ Guest Event (Thursday), the Reception/Dinner (Friday). Registered partner/guests/teenagers will receive a CAOG name badge. Children 12 years and under are not required to pay a fee but will receive a CAOG name badge. Parents will be responsible for children at all times.

Names of Partner/Guests/Teenagers	Names of Children 12 and Under
1.	1.
2.	2.
3.	3.

Payment Information

Payment must be received in full to process your registration. Payment can only be in the form of a check, Visa, MasterCard, American Express or Discover. For questions regarding registration please call 701-838-8323 (Rochelle).

☐ Check (payable	to CAOG)	Check #
□ Visa □ Maste	ercard 🗆 America	n Express Discover
Exp. Date: /	Secu	rity # (3 or 4 digits):
Credit Card #		
SIGNATURE:	(signature above hereb	y authorizes this transaction)

Cut-Off Date:

Your registration form must be received by CAOG no later than Friday, September 6, 2024. Please call if you experience any last minute problems.

Cancellation Policy:

Written cancellation must be received prior to Friday, September 13, 2024. A \$50 administrative fee will be assessed. No refunds will be issued after the September 13, 2024 cancellation date.

Confirmation:

Registrants will receive written confirmation with final details 3 weeks prior to the meeting.

To Register by Mail Return Completed To Register by Fax, Return Completed

Form with Payment to:

Rochelle Hickel **CAOG** Executive Director P.O. Box 3010

Minot, ND 58702-3010

Form with Payment to:

Rochelle Hickel **Executive Director** 701-852-8733 (fax)

^{*}Remember to please check with the bellman for complimentary luggage storage on the day you depart so you don't need to leave the meeting early!!



Indianapolis War Memorial



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