

THE CENTRAL ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS



92ND ANNUAL MEETING
OCTOBER 15 – 18, 2025
(WEDNESDAY – SATURDAY)

CAESARS PALACE
3570 LAS VEGAS BLVD. SOUTH
LAS VEGAS NEVADA

CONFERENCE INFORMATION





CAOG Meeting Registration Form

Caesars Palace, Las Vegas, Nevada
October 15 – 18, 2025

ATTENDEE INFORMATION (Please Print or Type)

Deadline Friday, September 5, 2025

First Name:		Last Name:		
Badge Name:		ACOG #	M.D. / D.O. / R.N. (circle one)	
Address:				
City:		State:	Zip:	
Telephone:		Email:		
DATE/EVENT	TIME	Cost Per Person	# of Persons	TOTAL*
Wednesday, Oct. 15, 2025 Welcome Reception	6:00-9:00 p.m.	Covered in Registration Fee		***
Thursday, October 16, 2025 Partner/Guest Event	8:30 – 10:00 <u>a.m.</u>	Covered in Registration Fee		***
Friday, Oct. 17, 2025 Farewell Reception/Dinner	6:00 – 9:00 p.m.	Covered in Registration Fee		***
REGISTRATION FEE	CAOG Member	\$700		
	CAOG Adjunt Member	\$550		
	CAOG Life Member	\$600		
	Residents/Nurses	\$500		
	Medical Students	\$350		
	Non-Member (MD/DO)	\$800		
	Partner/Guests **	\$300		
			Grand Total	
PLEASE MAKE A COPY OF THIS FORM FOR YOUR FILES (all fees in U.S. dollars)				

****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).

<input type="checkbox"/> Check (payable to CAOG)	Check #
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Exp. Date: /	Security # (3 or 4 digits):
Credit Card #	
SIGNATURE: _____ (signature above hereby authorizes this transaction)	

Cut-Off Date:

Your registration form must be received by CAOG no later than Friday, September 5, 2025. Please call if you experience any last minute problems.

Cancellation Policy:

Written cancellation must be received prior to Friday, September 12, 2025. A \$50 administrative fee will be assessed. No refunds will be issued after the September 12, 2025 cancellation date.

Confirmation:

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

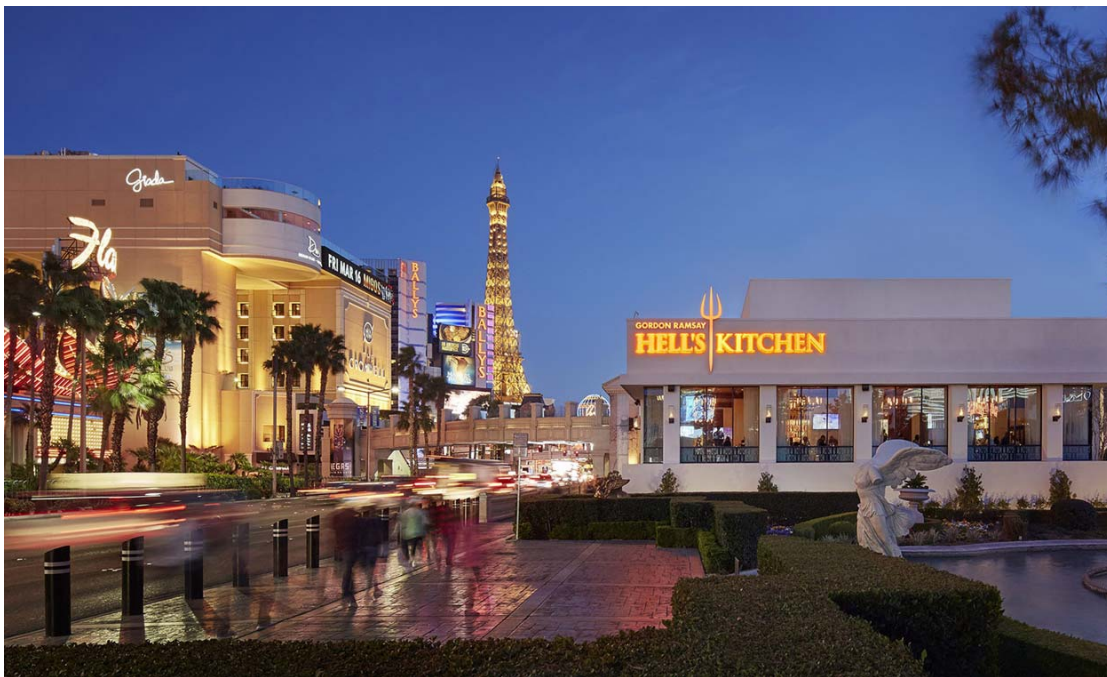
To Register by Mail Return Completed
Form with Payment to:
Rochelle Hickel
CAOG Executive Director
P.O. Box 3010
Minot, ND 58702-3010

To Register by Fax, Return Completed
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!!



Garden of the Gods Temple Pool



Amazing nearby attractions and restaurants