

American Osteopathic Association of Prolotherapy Regenerative Medicine

Affiliate of American Osteopathic Association

Annual Renewal Dues Notice

Please complete so we may keep your file updated. Send this form and (\$250.00) by **January 20th**. Please make check payable to: AOAPRM, Inc.

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State:

Zip Code:

2nd office address:

3rd office address:

Contact Information:

Office#: _____ 2nd office #: _____

Mobile # (optional): _____

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Seminar Participation

If you would be interested in table training at our next spring conference? _____

If yes, which joints? _____

What topics/subjects do you feel would be relevant to your continued education in the field of Regenerative Medicine and Prolotherapy? _____