American Academy of Oral & Maxillofacial Pathology

Residents Only

TRAVEL ITINERARY FORM

A letter from your program director verifying your resident status must accompany this form!

AAOMP Annual Meeting
Sheraton Charlotte Hotel
CHARLOTTE, NORTH CAROLINA

April 8 - 13, 2022

Name: _____

Ph: _____ **Fax:** _____

Email: _____

Arrival Date: _____

Departure Date: _____

# of Occupants: _____

Room Requests: ☐ Single ☐ Double Bed

☐ **Single/Double - $176.00**

Room Occupants:

_____ _____

☐ Please share my information with Residents looking for roommates. (AAOMP is not responsible for matching you with a roommate)

Credit Card Type: Visa MasterCard American Express

Credit Card Number_____

Credit Card Expiration Date: _____ **CVV:** _____

Please return this form via email to: info@aaomp.org
by February 18, 2022
To guarantee these rates you must register through AAOMP!