



Conclave Program Book

Member Acknowledgements — Tribute Order Form

Honor your Fellow, Distinguished Fellow, Award Winner, New Member, or Leadership with a tribute in the official 2026 Ceremonial Conclave Program Book. Family, friends, and colleagues are invited to share a printed message of congratulations celebrating this milestone. A tribute lets the people who supported that journey be part of the celebration.

SIZE & PRICING

Acknowledgement Size	Word Count	Dimensions (W × H)	Price
Full Page	250 words	5.5" × 8.5"	\$200
Half Page	100 words	2.75" × 4.25"	\$100
Quarter Page	60 words	1.5" × 2.0"	\$50

Text only — photo submissions cannot be accommodated. A full page is 250 words, a half page is 100 words, and a quarter page is 60 words.

SUBMISSION DEADLINE: July 15, 2026

Complete the order form (page 2) and your tribute message (page 3), then submit by email or mail and provide payment by phone or mail. See page 2 for full options.

TRIBUTE EXAMPLES

For inspiration only — sample wording with example names. Personalize your own message on the order form.

FELLOW & DISTINGUISHED FELLOW

FELLOW (FACOS)

Hats Off to You, Dr. Example!

To our outstanding colleague,

Heartfelt congratulations on being named a Fellow of the ACOS. This honor is a testament to your exceptional skill, dedication, and commitment to osteopathic surgery. Wishing you continued success!

With admiration,

DISTINGUISHED FELLOW (DFACOS)

Well Done, Dr. Example!

To my remarkable mentor:

Congratulations on being named a Distinguished Fellow of the ACOS. Your strength, humility, and brilliance inspire me every day. I am so proud of the surgeon and leader you have become.

With gratitude,

AWARD WINNER & NEW MEMBER

AWARD WINNER

Cheers to You, Dr. Example!

To my incredible parent,

Congratulations on receiving this distinguished recognition from the ACOS. This honor reflects your decades of dedication, compassion, and excellence — and the extraordinary person you are.

With all my love and admiration,

NEW MEMBER

Welcome to the College, Dr. Example!

To our amazing colleague,

Congratulations on becoming a member of the American College of Osteopathic Surgeons. This is the beginning of an exciting chapter, and we cannot wait to see all you will contribute to the profession and the College.

With pride and best wishes,

Tribute Order Form

Complete all selections and provide your payment method

HONOREE

FULL NAME OF PERSON BEING HONORED (AS IT SHOULD APPEAR IN THE PROGRAM)

This name appears on the tribute in the Conclave Program Book and on each message block.

Recognition (check one):

Fellow Distinguished Fellow Award Winner New Member

SUBMITTED BY (FAMILY, FRIEND, OR COLLEAGUE)

CONTACT PERSON

RELATIONSHIP TO HONOREE

EMAIL ADDRESS

CELL PHONE NUMBER

SELECT TRIBUTE(S) & CALCULATE TOTAL

Enter a quantity for each size you wish to purchase. You may select more than one.

Acknowledgement Size	Price	Word Count	Quantity	Subtotal (Price × Qty)
Full Page	\$200	250 words		\$
Half Page	\$100	100 words		\$
Quarter Page	\$50	60 words		\$
TOTALS			TOTAL ADS	TOTAL ENCLOSED
				\$

SUBMIT & PAY

Submit your completed form by email or mail, then provide payment. **For your security, credit card information must be provided by phone or mail — never by email.**

Online — Email the completed form to membership@facos.org, then visit the following website to submit payment: https://www.facos.org/OS/Navigation/Membership/Member_Store/Conclave_Ad.aspx

By Phone — Call (800) 888-1312, Mon–Fri, 8:30 AM – 4:30 PM ET.

By Mail — ACOS, Attn: Membership Dept., 1680 Duke Street, Suite 500, Alexandria, VA 22314.

By Email — Email the completed form to membership@facos.org, then call in payment. **Do not include credit card information in your email.**

Payment Method: Check Visa MasterCard American Express Discover

CARD NUMBER	EXPIRATION DATE	CVV / SECURITY CODE
NAME ON CARD	CHECK # (IF BY CHECK)	AMOUNT ENCLOSED
BILLING STREET ADDRESS	CITY	STATE / ZIP

Questions? Contact Member Services at (800) 888-1312 or membership@facos.org. Please do not send credit card information by email.

CARDHOLDER SIGNATURE	DATE
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Your Tribute Message

Text only — see word limits by size

A full page is 250 words, a half page is 100 words, and a quarter page is 60 words. Ordering more than one tribute? Use the additional message blocks on the next page.

FULL NAME OF PERSON BEING HONORED _____	TRIBUTE SIZE (FULL / HALF / QUARTER) _____
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Tribute message:

AGREEMENT

I agree that the member acknowledgement(s) submitted is accurate.

SIGNATURE _____	DATE _____
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Additional Tribute Messages

Complete only if you ordered more than one tribute

Most submissions need only the message on the previous page. If you ordered multiple tributes, provide each additional message below — one block per tribute.

ADDITIONAL TRIBUTE — 2

FULL NAME OF PERSON BEING HONORED _____	TRIBUTE SIZE (FULL / HALF / QUARTER) _____
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Tribute message:

ADDITIONAL TRIBUTE — 3

FULL NAME OF PERSON BEING HONORED _____	TRIBUTE SIZE (FULL / HALF / QUARTER) _____
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Tribute message: