

AADSM 26TH ANNUAL MEETING REGISTRATION FORM



Section 1 – Registration Information (Please print clearly)			
Name:		Degree(s):	
Address:			
City:	State:	Zip Code:	Country:
Telephone:	Fax:	Email:	
On-Site Mobile Number (Emergency Only):			
Have you ever attended the AADSM Annual Meeting: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 2 – Registration Types*		
	On or before 4/21	4/22 – 5/19
<input type="checkbox"/> AADSM Member Member Number:	<input type="checkbox"/> \$495	<input type="checkbox"/> \$550
<input type="checkbox"/> AADSM Student Member Member Number:	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
<input type="checkbox"/> Dental Staff of AADSM Member Employer's Member Number: Employer's Email:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$295
<input type="checkbox"/> Nonmember	<input type="checkbox"/> \$650	<input type="checkbox"/> \$695
<input type="checkbox"/> Dental Staff of Nonmember Employer's Email:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$295
<input type="checkbox"/> Guest (Family members only, guests must be 16 years of age) Guest Name:	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
* Includes admittance to general sessions, President's Reception and the exhibit hall. General registration does not include Educational Courses, Meet the Professor sessions, or Brown Bag Lunch sessions.		Section 2 Total: \$

Section 3 – Membership Dues: Not a member? Save money and register at the membership rate listed above.		
Please choose one of the options below.		
<input type="checkbox"/> Regular Membership: \$345**	<input type="checkbox"/> Student Membership: Free <i>(With completion of Student Membership Application)</i>	Section 3 Total: \$
** A copy of a valid dental/medical license must be submitted. Membership will be valid through December 31, 2017.		

<p>Educational courses, Meet the Professor sessions, and Brown Bag Lunch sessions require additional fees.</p> <p>You must be registered for the general sessions of the meeting (see Section 2 of this form) to attend the educational courses, Meet the Professor sessions, and/or the Brown Bag Lunch sessions. Advanced registration is strongly encouraged; space is limited and sold on a first-come, first-served basis.</p>
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Section 4 – Educational Courses: Friday, June 2		
	Member	Nonmember
<input type="checkbox"/> C01: Introduction to Dental Sleep Medicine	<input type="checkbox"/> \$85	<input type="checkbox"/> \$125
<input type="checkbox"/> C02: Advanced Dental Sleep Medicine	<input type="checkbox"/> \$85	<input type="checkbox"/> \$125
		Section 4 Total: \$

Section 5 – Meet the Professor Sessions: Friday, June 2 – Sunday, June 4		
Please choose which day(s) you would like to attend a Meet the Professors session. You can only attend one Meet the Professor session each day, so please rank your preferred choices for each selected day below.	Member	Nonmember
<input type="checkbox"/> Friday, June 2: M01-M03 Choice 1: Choice 2: Choice 3:	<input type="checkbox"/> \$85	<input type="checkbox"/> \$95
<input type="checkbox"/> Saturday, June 3: M04-M06 Choice 1: Choice 2: Choice 3:	<input type="checkbox"/> \$85	<input type="checkbox"/> \$95
<input type="checkbox"/> Sunday, June 4: M07-M09 Choice 1: Choice 2: Choice 3:	<input type="checkbox"/> \$85	<input type="checkbox"/> \$95
		Section 5 Total: \$

Section 6 – Brown Bag Lunch Sessions: Friday, June 2 – Sunday, June 4	
Please mark your choices below. You can attend one Brown Bag Lunch session each day, for a total of three sessions. Purchase all three sessions and save! If purchasing all three sessions, your total is only \$50!	
<input type="checkbox"/> Friday, June 2: B01	\$25
<input type="checkbox"/> Saturday, June 3: B02	\$25
<input type="checkbox"/> Sunday, June 4: B03	\$25
Section 6 Total: \$	

Grand Total (Please total all the sections on this form)	\$
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Section 7 – Payment Method			
<input type="checkbox"/> Check: Make payable to the AADSM		<input type="checkbox"/> Credit Card: (check one)	
		<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Cardholder Name:			
Card Number:		Exp. Date:	Validation Code:
Billing Address:			
City:	State:	Zip Code:	Country:
Signature:			Date:

By submitting this registration form, the registrant/payer agrees to abide by the terms and conditions stated on the AADSM website.

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