



ORDER FORM

AADSM 19th Annual Meeting Course Book

Contact/Shipping Information:

Name: _____

Address: _____

City, State Zip code: _____

Phone: _____

Fax: _____

Course Book (each): \$50 includes ground UPS shipping for U.S. destinations*

**Additional shipping/handling charges will apply to international destinations*

Make your selection of course book(s) below:

_____ General Session

_____ Specialized Topics in Dental Sleep Medicine

_____ Advance Your General Knowledge in Dental Sleep Medicine

_____ For the Novice Dentist: A Primer in Dental Sleep Medicine

_____ An Update on Medicare Coding and Billing for Dental Services Related to Oral Appliances Used in the Treatment of Obstructive Sleep Apnea

Payment Method:

Check MasterCard Visa American Express

CC #: _____ Expiration Date: _____ / _____

Verification Number (three digits on the back of MasterCard and Visa, four digits on front of American Express): _____

I authorize \$ _____ USD to be charged to my credit card

Signature

Date

The AADSM will not be held responsible for items lost in transit to international locations.