

# AADSM 19<sup>TH</sup> ANNUAL MEETING REGISTRATION FORM

Name: \_\_\_\_\_ Degree: \_\_\_\_\_  
*This is the name that will appear on the name tag*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_  
*E-mail required to receive confirmation*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Have you ever attended the AADSM Annual Meeting?  
 Yes  No

## REGISTRATION TYPES

*Includes admittance to general sessions, President's Reception and the exhibit hall. General registration does not include educational courses or meet the professor sessions. Please check your registration type.*

	On or before 4/21	After 4/21
<input type="checkbox"/> AADSM Member	\$495.00	\$550.00
<input type="checkbox"/> AADSM Student Member	\$50.00	\$50.00
<input type="checkbox"/> Dental Staff of AADSM Member		
Employer's Member ID: _____		
Employer's E-mail: _____	\$250.00	\$295.00
<input type="checkbox"/> Nonmember	\$650.00	\$695.00
<input type="checkbox"/> Dental Staff of Nonmember		
Employer's E-mail: _____	\$250.00	\$295.00
<input type="checkbox"/> Guest		
Guest's Name: _____		
<i>*Guest registration is only for family members of attendees and includes access to the exhibit hall and sponsored events only.</i>	\$50.00	\$50.00

**GENERAL REGISTRATION SUB-TOTAL \$** \_\_\_\_\_

## EDUCATIONAL COURSES (Fri 6/4 and Sun 6/6)

*Educational courses and meet the professor sessions are additional fees. You must be registered for the general sessions of the meeting to attend the educational courses and/or meet the professor sessions. Advanced registration is strongly encouraged; space is limited and sold on a first-come, first-served basis. Please check your selections below.*

	Member	Nonmember
<input type="checkbox"/> For the Novice Dentist: A Primer in Dental Sleep Medicine (Fri. 6/4)	\$85	\$125
<input type="checkbox"/> Specialized Topics in Dental Sleep Medicine (Fri. 6/4)	\$85	\$125
<input type="checkbox"/> Advance your General Knowledge in Dental Sleep Medicine (Fri. 6/4)	\$85	\$125
<input type="checkbox"/> An Update on Medicare Coding and Billing for Dental Services Related to Oral Appliances Used in the Treatment for Obstructive Sleep Apnea (Sun. 6/6)	\$85	\$125

## MEET THE PROFESSOR (Fri 6/4 - Sat 6/5)

<input type="checkbox"/> Meet the Professor: Peter Cistulli, MD, PhD (Fri. 6/4)	\$50	\$60
<input type="checkbox"/> Meet the Professor: Ronald Prehn, DDS (Fri. 6/4)	\$50	\$60
<input type="checkbox"/> Meet the Professor: Alan Lowe, DMD, PhD (Sat. 6/5)	\$50	\$60
<input type="checkbox"/> Meet the Professor: John Remmers, MD (Sat. 6/5)	\$50	\$60

**EDUCATIONAL COURSES AND MEET THE PROFESSOR SUB-TOTAL \$** \_\_\_\_\_

**GRAND TOTAL \$** \_\_\_\_\_

## PAYMENT

### Check or Money Order

*Checks and international money orders should be made payable to the AADSM. Checks will not be accepted unless they are made in U.S. funds drawn on a U.S. bank.*

### Visa MasterCard American Express

Credit Card payments are accepted by mail, fax, and online at [www.aadsm.org](http://www.aadsm.org).

Card# : \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Validation Code\*: \_\_\_\_\_

Cardholders Name: \_\_\_\_\_ Signature (required): \_\_\_\_\_

*\*For Visa or MasterCard, the validation code is the last 3 numbers in the signature box. For American Express, the validation code is the 4 numbers above the credit card number.*

*By submitting this registration form, the registrant/payer agrees to abide by the disclaimer on page 20.*