

AADSM 20TH ANNIVERSARY MEETING REGISTRATION FORM

Name: _____ Degree: _____
This is the name that will appear on the name tag

Have you ever attended the AADSM Annual Meeting?
 Yes No

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

E-mail: _____
E-mail required to receive confirmation

Phone: _____ Fax: _____

REGISTRATION TYPES

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

I give my permission to include my contact information on an attendee list distributed to exhibitors
 Yes No

	On or before 4/27	After 4/27
<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 Friday, June 10

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"/> C01: Comprehensive Review of Dental Sleep Medicine	\$85	\$125
<input type="checkbox"/> C02: Advanced Clinical Topics in Dental Sleep Medicine	\$85	\$125
<input type="checkbox"/> C03: Specialized Topics in Dental Sleep Medicine	\$85	\$125

MEET THE PROFESSOR Friday, June 10 - Sunday, June 12

<input type="checkbox"/> M01: Fernanda Almeida, DDS, PhD (Fri. 6/10)	\$50	\$60
<input type="checkbox"/> M02: John Remmers, MD (Fri. 6/10)	\$50	\$60
<input type="checkbox"/> M03: Steve Carstensen, DDS (Sat. 6/11)	\$50	\$60
<input type="checkbox"/> M04: Peter Cistulli, MD, PhD (Sat. 6/11)	\$50	\$60
<input type="checkbox"/> M05: Todd Morgan, DMD (Sun. 6/12)	\$50	\$60
<input type="checkbox"/> M06: Alan Lowe, DMD, PhD (Sun. 6/12)	\$50	\$60

EDUCATIONAL COURSES AND MEET THE PROFESSOR SUB-TOTAL \$ _____

PAYMENT

GRAND TOTAL \$ _____

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.

Card# : _____ Exp. Date: _____ Validation Code*: _____ Billing Zip 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 terms and conditions.