Section 1: Registration Information *(Please type or print clearly)*

Name: (Last)	(First)	Degree(s):	Member # (If applicable):
Address:			
City:	State:	Postal Code:	Country:
Phone:	Fax:	Email (Required for confirmation):	
Special Needs/Accommodations:			

If registering as staff of an AADSM member, provide the following:

Member Name:	Member #:

Dietary Needs*

☐ Kosher	☐ Vegetarian	☐ Vegan	☐ Gluten Free	☐ Dairy Free	☐ Other

**AADSM cannot guarantee all requests can be met. Staff will follow-up to discuss available options and instructions.*

Attendee List Permission *(Check one)*

I give permission to include my contact information on an attendee list to be distributed to course attendees. ☐ Yes ☐ No

Exhibitor List Permission *(Check one)*

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

Section 2: Not a member? Save at least $100 on registration by completing the section below. *(Check one)*

Please select your membership type below. Membership applications received after October 1, 2017 will be valid through December 31, 2018.	
☐ **Regular:** $345	☐ **Student:** Free with completion of AADSM Student Application
Section 2 Total	$

SEE BACK OF THIS PAGE FOR SECTION 3/REGISTRATION RATES.

Section 3: Registration Rates *(Check the appropriate registration fee)*

Registration rates are based on the date that the registration is received by the AADSM national office.

	ESSENTIALS OF DENTAL SLEEP MEDICINE		BOARD REVIEW		PRACTICAL DEMONSTRATION	
	Houston, TX		Houston, TX		Darien, IL	
	February 10-11, 2018		February 10-11, 2018		March 10, 2018	
	On or before 1/12/18	After 1/12/18	On or before 1/12/18	After 1/12/18	On or before 2/9/18	After 2/9/18
AADSM Member	☐ **$550**	☐ **$650**	☐ **$550**	☐ **$650**	☐ **$600**	☐ **$650**
AADSM Student Member	☐ **$425**	☐ **$525**	☐ **$425**	☐ **$525**	☐ **$325**	☐ **$425**
Dental Staff of an AADSM Member	☐ **$425**	☐ **$525**	☐ **$425**	☐ **$525**	☐ **$325**	☐ **$425**
Dental Staff of a Nonmember	☐ **$525**	☐ **$625**	☐ **$525**	☐ **$625**	☐ **$525**	
Nonmember	☐ **$650**	☐ **$750**	☐ **$650**	☐ **$750**	☐ **$700**	

Section 3 Total	**$**
Grand Total	**$** *(Section 2 plus Section 3)*

Method of Payment *(Check one)*

☐ Check payable to the AADSM (U.S. funds drawn on a U.S. bank)	Credit card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	
Card Number:	Exp. Date:	Validation Code**:
Cardholder’s Name:	Billing Postal Code:	
Signature:	Date:	

**For VISA, MasterCard or Discover 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.

Please submit completed registration form to:
Beverly Basit, AADSM Coordinator

Fax:
(630) 737-9790

OR

Mail:
American Academy of Dental Sleep Medicine, 2510 North Frontage Road, Darien, IL 60561