



Practice Management Course Registration Form

Attendee Information

First Name: _____

Last Name: _____ Degree: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Registration

Make your selection.

	On or Before 1/31/2020	After 1/31/2020
AADSM Member	\$1000	\$1300
Non-member	\$1300	\$1600
AADSM Active Duty Military Member	\$250	\$325
Staff of AADSM Member	\$500	\$800
Employer's Name:		
Employer's Email:		

Payment Information

_____ Credit Card (Visa/Master Card/American Express/Discover)

Total Amount to be Charged: \$ _____

Card#: _____ Exp. Date: _____

Validation Code: _____ Billing Zip Code: _____

Cardholder's Name: _____

Signature: _____ Date: _____

_____ Check (U.S. dollars only) - make payable to the AADSM