

AADSM 21ST ANNUAL MEETING REGISTRATION FORM

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

Address: _____

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

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

Have you ever attended the AADSM Annual Meeting? Yes No

I give my permission to include my contact information on an attendee list distributed to exhibitors 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 4/25	4/26-5/30
<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	\$250.00	\$295.00
Employer's Member ID: _____		
Employer's E-mail: _____		
<input type="checkbox"/> Nonmember	\$650.00	\$695.00
<input type="checkbox"/> Dental Staff of Nonmember	\$250.00	\$295.00
Employer's E-mail: _____		
<input type="checkbox"/> Guest	\$50.00	\$50.00
Guest's Name: _____		
<small>Guest registration is only for family members of attendees and includes access to the exhibit hall and sponsored events only.</small>		

GENERAL REGISTRATION SUB-TOTAL \$

EDUCATIONAL COURSES Thursday, June 7

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: Advanced Course	\$85	\$125
<input type="checkbox"/> C02: Comprehensive Review of Dental Sleep Medicine	\$85	\$125
<input type="checkbox"/> C03: Practice Building and Practice Management	\$85	\$125
<input type="checkbox"/> C04: Preparing for the ABDSDM Diplomate Exam	\$85	\$125

MEET THE PROFESSOR Thursday, June 7 – Saturday, June 9

<input type="checkbox"/> M01: Olivier Vanderveken, MD, PhD (Thu. 6/7)	\$65	\$75
<input type="checkbox"/> M02: Barbara C. Fisher, PhD (Thu. 6/7)	\$65	\$75
<input type="checkbox"/> M03: B. Gail Demko, DMD (Thu. 6/7)	\$65	\$75
<input type="checkbox"/> M04: Nancy L. Addy, DDS (Fri. 6/8)	\$65	\$75
<input type="checkbox"/> M05: Lydia M. Sosenko, DDS (Fri. 6/8)	\$65	\$75
<input type="checkbox"/> M06: R. Bruce Templeton, DMD (Fri. 6/8)	\$65	\$75
<input type="checkbox"/> M07: Nancy L. Addy, DDS (Sat. 6/9)	\$65	\$75
<input type="checkbox"/> M08: Alan A. Lowe, DMD, PhD (Sat. 6/9)	\$65	\$75
<input type="checkbox"/> M09: Marie E. Marklund, DDS, PhD (Sat. 6/9)	\$65	\$75

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.

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.

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