

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

Name: (Last)	(First)	Degree(s):	Member Number: (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 Number:
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Dietary Needs*

<input type="checkbox"/> Kosher	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Dairy Free	<input type="checkbox"/> Other
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**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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Exhibitor List Permission *(Check one)*

I give permission to include my contact information on an attendee list to be distributed to course exhibitors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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NOT A MEMBER? SAVE UP TO \$100 ON REGISTRATION BY COMPLETING THE SECTION BELOW.

Section 2: I want to be an AADSM member! *(Check one)*

Please select your membership type below. Membership received after October 1, 2017 will be valid through December 31, 2018.	
<input type="checkbox"/> Regular: \$345	<input type="checkbox"/> 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 at the AADSM national office.														
COURSE NAME Select a course and corresponding fee.	ESSENTIALS OF DENTAL SLEEP MEDICINE				DENTAL SLEEP MEDICINE STAFF <i>(Includes Medicare Track)</i>		PRACTICAL DEMONSTRATION				MEDICARE TRACK ADD-ON <i>(For October Practical Demonstration attendees only)</i>		ADVANCES IN DENTAL SLEEP MEDICINE	
	COURSE LOCATION	Las Vegas, NV		Charlotte, NC		Oak Brook, IL		Oak Brook, IL		Darien, IL		Oak Brook, IL		Charlotte, NC
COURSE DATE(S)	September 9-10, 2017		November 18-19, 2017		October 14-15, 2017		October 14, 2017 or		December 2, 2017		October 15, 2017		November 18-19, 2017	
REGISTRATION DATE	On or before 8/11/17	After 8/11/17	On or before 10/20/17	After 10/20/17	On or before 9/15/17	After 9/15/17	On or before 9/15/17	After 9/15/17	On or before 11/3/17	After 11/3/17	On or before 9/8/17	After 9/8/17	On or before 10/20/17	After 10/20/17
AADSM Member	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650
AADSM Student Member	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525
Dental Staff of an AADSM Member	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525
Dental Staff of a Nonmember	<input type="checkbox"/> \$525	<input type="checkbox"/> \$625	<input type="checkbox"/> \$525	<input type="checkbox"/> \$625	<input type="checkbox"/> \$525	<input type="checkbox"/> \$625	<input type="checkbox"/> \$525		<input type="checkbox"/> \$525		<input type="checkbox"/> \$300		<input type="checkbox"/> \$525	<input type="checkbox"/> \$625
Nonmember	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750	<input type="checkbox"/> \$700		<input type="checkbox"/> \$700		<input type="checkbox"/> \$300		<input type="checkbox"/> \$650	<input type="checkbox"/> \$750
					CHOOSE A TRACK									
					<input type="checkbox"/> Clinical	<input type="checkbox"/> Admin								
Section 3 Total	\$													
Grand Total <i>(Section 2 plus Section 3)</i>	\$													

Method of Payment (Check one)

<input type="checkbox"/> Check payable to the AADSM (U.S. funds drawn on a U.S. bank)	Credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Card Number:	Exp. Date:	Validation Code**:
Cardholder's Name:	Billing Postal Code:	
Signature:	Date:	

**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.

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