

2024 AADSM ANNUAL MEETING REGISTRATION FORM



Section 1 - Registration Information

Name (this will appear on the badge):

Degree(s):

Address:

City:

State:

Zip Code:

Country:

Phone Number:

E-mail (Required to receive confirmation):

Is this your first time attending an AADSM Annual Meeting: Yes No

Emergency Contact Name:

Emergency Contact Phone Number:

Section 2 - Registration Types*

**Includes admittance to general sessions, Friday Networking Reception, and exhibit hall.*

TYPE	On or Before 4/5	4/6-5/15
<input type="checkbox"/> AADSM Member	\$625	\$700
<input type="checkbox"/> AADSM Member - Federal Service	\$150	\$175
<input type="checkbox"/> AADSM Student Member	\$60	\$60
<input type="checkbox"/> AADSM Team Member	\$300	\$325
<input type="checkbox"/> Nonmember	\$825	\$875
<input type="checkbox"/> Guest - Guest Name:	\$50	\$50

(Family members only, guests must be at least 16 years old, access to exhibit hall only)

Section 2 Total : \$

Section 3 - Pediatric OSA Course - May 16

AADSM Member* \$200

Nonmember \$300

**Member includes: Full, Academic, Federal Service, Team Member, Emeritus*

Section 3 Total : \$

Section 4 - Evening at the Audubon Aquarium - May 18

Evening at the Audubon Aquarium Ticket \$200 per ticket

Number of tickets

Section 4 Total : \$

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Section 5 - Membership Dues

Not a member? Check a box to join today and register for the meeting at the member rate.

***A copy of a valid dental/medical license must be submitted. Membership will be valid through December 31, 2024.*

TYPE	Dues
Full Membership**	\$450
Team Member of AADSM Member Membership	\$150
Team Member of Nonmember Membership	\$450
Affiliate Membership	\$450
Federal Service Membership	\$60
Academic Membership	\$60
Retired Membership	\$200
Student Membership	Free
Emeritus Membership	Free

Section 5 Total : \$

Grand Total (please total sections 2-5) Total : \$

Payment Method

- Check: Make payable to the AADSM (U.S. funds drawn on a U.S. bank)
 Credit Card (check one)
 MasterCard Visa American Express Discover

IMPORTANT: We will call the phone number provided below to collect the credit card number.

Cardholder Name:

Expiration Date:

Security Code:

Billing Zip Code:

Phone Number:

Signature:

Date:

By submitting this registration form, the registrant/payer agrees to abide by the policies and disclaimers stated on the AADSM website.

Please submit the completed registration form via:

Email: annualmeeting@aadsm.org

Fax: 630-686-9876

Mail: American Academy of Dental Sleep Medicine, 901 Warrenville Rd, Suite 180, Lisle, IL 60532