

2023 AADSM ANNUAL MEETING REGISTRATION FORM

Section 1 – Registration Information (type or print clearly)			
Name: (This will appear on the badge)			Degree(s):
Company:			
Address:			
City:	State:	Zip Code:	Country:
Telephone:		On-Site Mobile Number (Emergency Only):	
Email: (Required to receive confirmation)			
Is this your first time attending an AADSM Annual Meeting: Yes No			

Section 2 – Registration Types*	On or before 4/7	4/8-5/12	Section 3 – Membership Dues: Not a member? Check a box below to join today and register for the meeting at the member rate.
AADSM Member	\$625	\$700	
AADSM Member – Active- Duty Military	\$150	\$175	
AADSM Student Member	\$60	\$60	
AADSM Team Member	\$300	\$325	
Nonmember	\$825	\$875	
Guest – Guest Name: (Family members only, guests must be 16 years of age, access to exhibit hall only)	\$50		
* Includes admittance to general sessions, President’s Reception, and the exhibit hall.			
Section 2 Total: \$			
Section 3 – Membership Dues: Regular Membership: \$400** Team Member of AADSM Member Membership: \$125 Team Member of Nonmember Membership: \$400 Active-Duty Military Membership: \$50 Academic Membership: \$50 Student Membership: Free (With completion of Student Membership Application)			
Section 4 – TMD for the DSM Dentist Course (Thursday, May 18)			Section 3 Total: \$
Add registration for this one-day course, taking place the day prior to the annual meeting general session. This evidence-based course will review protocols for patient evaluation prior to treatment and strategies for managing treatment emergent TMD symptoms, ensuring that you have the knowledge and resources to support your TMD clinical decision-making and provide optimal patient care.		AADSM Member*: \$125	**A copy of a valid dental/medical license must be submitted. Membership will be valid through December 31, 2023.
Individuals must be registered for the 2023 AADSM Annual Meeting to register for and attend the TMD for the DSM Dentist Course.		Nonmember: \$225	
*Member categories include: Regular, Academic, Military and Emeritus		Section 4 Total: \$	

Grand Total (Please total sections 2-4)	\$
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Section 5 – 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	
Cardholder Name:			
Important: Only provide the credit card number on this form if you will be faxing it to us. If you will be emailing the form, please provide a phone number and we will call you for payment information.		Phone:	
Card Number:	Exp. Date:	Validation Code:	
Billing Address Zip Code:			
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 COMPLETED
REGISTRATION FORM VIA:

Fax:
(630) 686-9876

OR

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