

2024 Board Review Course Registration Form

General Inform	<u>ation</u>		
First Name:			_
Last Name:			Degree:
Street Address:			
City:		State:	Zip:
Email Address:			
Registration Ra	tes		_
AADSM Member	Non-Member	AADSM Active-duty Military Member	

\$150

AADSM Policies and Disclaimers

\$600

Please review the following policies and disclaimers and sign below.

Cancellation and Refund Policy

All registrations are final; no refunds will be provided.

\$700

The AADSM reserves the right to cancel a course and provide a full refund should conditions warrant. The refund will only include the cost of registration for the course. Refunds will not be applied to the original payment source (i.e., credit card). Any refunds processed by the AADSM will be paid by check to individuals in the US (or e-payment to individuals who chose to set up an account in Bill.com) and by wire transfer to individuals outside of the US.

Endorsement

Any opinion expressed or communicated regarding any product, device or appliance during an AADSM educational program is solely the opinion of the individual(s) expressing or communicating that opinion, and not that of the AADSM.

The AADSM does not endorse or recommend any products or services. The AADSM does not review, investigate, or otherwise approve the quality, type, message, nature, or value of any product or service discussed in the course and assumes no liability of any kind for any verbal or written information provided by speakers or attendees. We encourage you to conduct your own independent research to verify and investigate any company prior to purchasing its products or services. Please consult your own professional legal, financial and medical advisors for advice concerning any products or services discussed.

As a result, AADSM disclaims any warranty or guarantee about the performance of any recommended product, device or service. AADSM provides a forum for the discussion of best practices in the field, but

participants agree by attendance at AADSM events that AADSM has no liability or responsibility for any clinical or other outcomes from the matters discussed at their meetings.

The AADSM cautions participants about the potential risks of using limited knowledge when incorporating techniques and procedures into practice when they have not had supervised clinical experience or demonstrated competency.

AADSM Code of Conduct

Please click <u>here</u> to review the AADSM's official guidelines and requirements for behavior in an AADSM meeting. All course participants must observe all AADSM standards at all times. Violations of this code are taken seriously and may in the sole discretion of AADSM to actions including, but not limited to ending the participation in a course or future AADSM meetings or trainings.

I acknowledge and agree to the AADSM's policies and disclaimers as listed above and stated on the AADSM website.

Signature:	Date:
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Payment Information

(Check (make	checks payable to:	American Aca	ademy of Denta	Sleep Medicine)
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OR

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

Total Amount to be Charged: <u>\$____</u>

Important: Do not send credit card information by email. If you will be paying with a credit card, please provide a phone number where you can be reached below, and we will call you for this information. Please remember to provide a signature below.

Phone:	Expiration Date:
Validation Code:	Billing Zip Code:
Cardholder's Name:	
Signature:	Date:

Send to the AADSM National Office via mail, email, or fax: Attn: Megan Scanlan AADSM 901 Warrenville Rd., Suite 180 Lisle, IL 60532 Email:mscanlan@aadsm.org Fax: (630) 686-9876