



Mastery Program Registration Form

General Information

First Name: _____

Last Name: _____ Degree: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address*: _____

**All correspondence regarding course assignments and tasks will be sent to this email address, so it should be one that is checked frequently by the individual attending the program.*

Registration Rates

| | AADSM Member (Early) | AADSM Member (Regular) | Non-Member (Early) | Non-Member (Regular) | AADSM Active-duty Military Member Early | AADSM Active-duty Military Member Regular |
|-----------------------|----------------------|------------------------|--------------------|----------------------|---|---|
| Mastery I, II and III | \$6000 | \$7000 | \$7000 | \$8000 | \$1500 | \$1750 |
| Mastery I ONLY | \$1500 | \$1800 | \$1800 | \$2100 | \$375 | \$450 |
| Mastery II ONLY | \$2500 | \$2800 | \$2800 | \$3100 | \$625 | \$700 |
| Mastery III ONLY | \$2500 | \$2800 | \$2800 | \$3100 | \$625 | \$700 |

Course Selection

Make your selection below. Visit aadsm.org/aadsm_mastery_program.php to confirm that a particular program or course has not sold out.

Mastery I, II, and III

| | |
|--|-----------------------|
| | April 17-19, 2020 |
| | July 24-26, 2020 |
| | September 11-13, 2020 |

| | |
|--|-----------------------|
| | September 11-13, 2020 |
| | November 6-8, 2020 |
| | February 19-21, 2021 |

Mastery I ONLY

| | |
|--|-----------------------|
| | April 17-19, 2020 |
| | September 11-13, 2020 |

Mastery II ONLY (completion of Mastery I required)

| | |
|--|--------------------|
| | April 17-19, 2020 |
| | July 24-26, 2020 |
| | November 6-8, 2020 |

Mastery III ONLY (completion of Mastery I and II required)

| | |
|--|-----------------------|
| | July 24-26, 2020 |
| | September 11-13, 2020 |
| | February 19-21, 2021 |

Payment Information

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

Total Amount to be Charged: \$ _____

Card#: _____ Exp. Date: _____

Validation Code: _____ Billing Zip Code: _____

Cardholder's Name: _____

Signature: _____ Date: _____

_____ Check (U.S. dollars only) - make payable to the American Academy of Dental Sleep
Medicine (AADSM)

Send to the AADSM National Office via mail, email, or fax:

Attn: Rose Zuniga

Mail: 1001 Warrenville Rd., Suite 175 ♦ Lisle, IL 60532

Email: mastery@aadsm.org ♦ Fax: (630) 686-9876