

TMD for the DSM Dentist Course Exhibit Application

Company Information

Company Name:					
Address:		City:			
State:	Zip:	Telephone:			
Please select the	category(s) that best des	cribes the products and/or services you offer. Check all that app	ply.		
Bite Gauges and Bite Forks		PDAC-Verified Devices			
Education	1	Practice Management	Practice Management		
Oral Appli	iances	Home Sleep Apnea Tests (includes puls oximetry	se		
Contact Informat	tion				
Contact Person N	lame:	Email:	Email:		
For all application	n correspondence				
On-site Represen	tative Name:				

Exhibit Registration

Pricing information is listed below. To attend the TMD for the DSM Dentist Course as an attendee, exhibitors must register separately and pay the applicable registration fee.

Please make your selection below.

	Non-Sponsor	Platinum Sponsor (30% savings)	Gold Sponsor (25% savings)
TMD for the DSM Dentist Course	\$1,000	\$700	\$750

_____ Credit Card (Visa/Master Card/American Express/Discover) Do not submit via email if form includes credit card information.

Total: \$

Credit Card #:

Important: Only provide the credit card number on this form if you will be *faxing* it to the AADSM. If you will be emailing the form, provide a name and number below and the AADSM will call you for this information.

Name:

Phone:

Expiration Date:

Validation Code:

Cardholder's Name:

Signature:

Date:

_ Check (U.S. dollars only) - make payable to the AADSM

Agreement/Signature

We agree to abide by the exhibit rules and regulations and any amendments thereto, all of which are indicated in the exhibition information on the AADSM website. We understand each company is limited to one table.

Signature: ______ Print Name: ______

Send to the AADSM National Office via mail, email or fax. Attn: Megan Scanlan Mail: 1001 Warrenville Rd., Suite 175, Lisle, IL 60532 Email: mscanlan@aadsm.org Fax: (630) 686-9876