



AAPD ADVANCE REGISTRATION FORM

62nd Annual Session • Honolulu, Hawaii

Registration information and procedure can be found on page 36. No registrations will be accepted after May 13, 2009. Anyone registering after May 13, 2009, must register onsite.

SECTION 1 - PERSONAL INFORMATION

Please type or print your name clearly. All office staff/auxiliaries must fill out a separate form, one per registrant. Please enter spouse/guest and children's names at the end of this form.

AAPD Member ID _____ (not required)

FIRST NAME _____

LAST NAME _____

NICKNAME (FOR BADGE) _____

STREET _____

CITY _____

STATE _____

ZIP _____

COUNTRY _____

TELEPHONE _____

FAX _____

E-MAIL _____

SECTION 2 – ANNUAL SESSION REGISTRATION FEES

REGISTRATION TYPE	Early Bird Fee	After April 10	Totals
Member Adv. Registration	\$695	\$795	\$ _____
Life/Retired	\$275	\$275	\$ _____
Non Member Ped Dentists	\$1,305	\$1,405	\$ _____
Student on-site Registration	\$0	\$135	\$ _____
Non-Member Dentists Adv.	\$1,295	\$1,395	\$ _____
Int'l. Pediatric Dentist Adv.	\$835	\$935	\$ _____
Auxiliary Registration	\$195	\$295	\$ _____
Spouse / Guest Adv. Registration	\$95	\$105	\$ _____
Child (ages 10 – 20)	N/C	N/C	\$ _____

Live Learning Center – Conference Content Online	\$95*	\$95*	\$ _____
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**Live Learning Center conference content will be available onsite for \$195 or \$395 after the Annual Session. See page 35 for details.*

- Current members of Austral-Asian Academy of Pediatric Dentistry, Canadian Academy of Pediatric Dentistry, Colombian Academy of Pediatric Dentistry, European Academy of Pediatric Dentistry, Korean Academy of Pediatric Dentistry and Mexican Academy of Pediatric Dentistry only. MUST include proof of membership.
- All registered attendees will receive one (1) ticket to the Welcome Reception and one (1) ticket to the Recognition Brunch.
- Child (4+ years of age) registrations must purchase all social event tickets.

SECTION 3 – BREAKFAST ROUNDS—SUNDAY, MAY 24

Please choose ONE Breakfast Round by indicating your choice. i.e. – BR1, BR20, etc.

_____ 1st Choice _____ 2nd Choice

QTY ___ x \$45 = \$ _____

SECTION 4 – GRADUATE STUDENT LUNCH & LEARN—SATURDAY, MAY 23

These tickets are available on a very limited basis and will be sold on a first come, first serve basis.

Registering online DOES NOT guarantee you tickets.

The cost of this luncheon is refundable based on attendance on site during the lunch.

QTY 1 x \$20 = \$ _____

SECTION 5 – ADDITIONAL PROGRAMMING

Joint Education Day for Program Directors*, Wednesday, May 20

Evidence Based Education Workshop, Friday, May 22

CPR Recertification, Friday, May 22

PALS Recertification, Friday, May 22

PALS Recertification, Saturday, May 23

QTY ___ x complimentary

QTY ___ x \$195 = \$ _____

QTY ___ x \$135 = \$ _____

QTY ___ x \$225 = \$ _____

QTY ___ x \$225 = \$ _____

*Must be a director in a pre or postdoctoral program (not for students)

SECTION 6 – GOLF TOURNAMENT—FRIDAY, MAY 22

If registering for the Golf Tournament, you must sign the release form on page 36.

Handicap _____

I would like to play with _____

QTY ___ x \$260 = \$ _____

SECTION 7 – SOCIAL EVENT TICKETS

Welcome Reception, Thursday, May 21

Additional Tickets—Adult

Additional Tickets—Child²

New Pediatric Dentist Happy Hour, Friday, May 22

Recognition Brunch, Sunday, May 24

Recognition Brunch – Sunday, May 24

Presidents’ Farewell Dinner, Sunday, May 24

Adult

Child

QTY ___ x complimentary¹

QTY ___ x \$95 = \$ _____

QTY ___ x \$35 = \$ _____

QTY ___ x \$20 = \$ _____

QTY ___ x complimentary¹

QTY ___ x \$50 = \$ _____

QTY ___ x 185 = \$ _____

QTY ___ x \$45 = \$ _____

¹One complimentary ticket per registration to the Welcome Reception with the exception of Child registrations. Quantity must be specified for complimentary tickets. If not specified, you will not receive a ticket to attend this function. Tickets for children and non-registered spouse/guests MUST be purchased.

²Children ages 4-12 require a ticket to attend event. An adult ticket must be purchased for children over 12.

SECTION 8 – HEALTHY SMILES, HEALTHY CHILDREN EVENTS

Continuing Education Course – The World of Technology, Thursday, May 21

Healthy Smiles, Healthy Children Student Donor*

Healthy Smiles, Healthy Children Donor*

Healthy Smiles, Healthy Children Leader’s Circle Donors and Above**

AAPD Student Member/Non-Donor

AAPD Member/Non-Donor

Non-AAPD Member

Auxiliary/Spouse

QTY ___ x \$96 = \$ _____

QTY ___ x \$240 = \$ _____

QTY ___ x N/C

QTY ___ x \$120 = \$ _____

QTY ___ x \$300 = \$ _____

QTY ___ x \$425 = \$ _____

QTY ___ x \$120 = \$ _____

*All Healthy Smiles, Healthy Children donors receive discounted admission (20 percent off of the course fee).

**Donors at the Leader’s Circle (\$10,000) level and above receive complimentary admission.

Healthy Smiles, Healthy Children Donors’ Party, Saturday, May 23

All donors at all levels are welcome to attend. Donors at the Sustaining Level (\$250) and above are welcome to bring a guest. Please indicate if you will be attending the party.

QTY ___ x complimentary

Total Deposits & Fees to Accompany Form

\$ _____

Remittance is by: check payable to AAPD Credit Card

(Funds must be drawn in U.S. dollars on a U.S. bank).

CREDIT CARD PAYMENT OPTIONS

Credit card payment accepted for registration and all auxiliary fees on this form.

 MasterCard Visa

Card Number _____ Exp. Date _____

Print Cardholder's Name _____ Security Code _____

Signature _____ Date _____

By signing I authorize my credit card to be charged and that I agree to comply with the referenced cancellation policies on page 37 should I cancel my registration.

 Check here if billing address is the same as mailing address**BILLING ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)**

Street _____

City/State/Zip _____

Country _____

DEADLINE FOR ADVANCE REGISTRATION: APRIL 10, 2009**ADDITIONAL INFORMATION** I have a disability and may require accommodations to fully participate. (AAPD will contact you). Audio Visual Mobile Other _____Special Dietary Needs Vegetarian Kosher Other _____**SPOUSE/GUEST AND CHILDREN NAMES (PLEASE TYPE OR PRINT)**

(Spouse/guest badges will only be printed for people who are registered)

First Name _____

Last Name _____

Nickname (for badge) _____

Child's Name & age _____

SEND REGISTRATION & HOUSING FORMS TO:Fax: (888) 267-0943/International (949) 219-2316
Credit card only. Allow five days for processing and receipt of registration confirmation.Mail: Ambassadors / AAPD 62nd Annual Session
240 Peachtree Street, Suite 22-S-10
Atlanta, GA 30303
Credit card or check (drawn on U.S. bank in U.S. funds). No wire transfers or purchase orders will be accepted. Allow 7 – 10 days for processing and receipt of registration confirmation.*NOTE: Registrants will receive an e-mailed confirmation from AAPD Registration and Hotel Services. Please review your confirmation carefully when you receive it.***REGISTER ONLINE!****TO EXPEDITE YOUR REGISTRATION, PLEASE REGISTER ONLINE AT www.aapd.org/annual.**

Internet booking is available 24 hours a day, seven days a week. Receive immediate Registration Confirmation.

Child Release Form

Please sign for children ages 16 and younger (only if they are attending the meeting)

Number of children attending: _____

(Please type or print)

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Registration of child and purchase of tour/sports tickets for children requires completion of minor release form below.

I hereby authorize and permit my child(ren), 16 and under, to attend with their guardian or parents only, the activities sponsored by the American Academy of Pediatric Dentistry. Supervision for the tours as defined by the tour descriptions will be furnished by Island Partners beginning and ending with stated times of the tour. I understand that Island Partners will take every precaution to assure the welfare and safety of my child(ren) participating in these activities. However, Island Partners cannot assume financial or legal liability in case of injury or accident.

The undersigned hereby agrees to save, hold harmless, and indemnify Island Partners and its shareholders, officers, employees, and subcontractors, from any and all damages or liabilities associated with my child(ren) save for those damages due solely to the negligence or willful misconduct of Island Partners or its employees.

In the event of an accident or other medical emergency, after all reasonable efforts have been made to locate me, I hereby authorize and consent to all medical care and treatment deemed necessary by a licensed physician. I hereby release the American Academy of Pediatric Dentistry and Island Partners from any liability regarding any such accident or medical emergency.

Parent/Legal Guardian Name (please print): _____

Signature: _____ Date: _____

Sports Release Form

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Island Partners, its shareholders, officers, and employees and the American Academy of Pediatric Dentistry, and any other sponsors of this competition, their successors, and assigns, for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event. Further, I hereby grant full permission to any and all foregoing to use photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose whatsoever.

Name of Participant (please print): _____

Signature: _____ Date: _____