



## METHODS OF REGISTRATION

**Skip this form and...**

**REGISTER ONLINE NOW AT**

<http://www.aapd.org/annual>

**Phone:** (800) 974-3084

**Fax:** (301) 694-5124

**Mail:**

**AAPD 67th Annual Session**

**PO Box 4088**

**Frederick, MD 21705**

## AAPD 2014 Advance Registration & Housing Registration 67th Annual Session • Boston

### PERSONAL INFORMATION

Please type or print your name clearly. Only 1 form per registrant; all office staff must fill out a separate form. Please enter spouse/guest and children's names at the end of this form. All correspondence about the Annual Session will be sent to the address below. It will not change your membership record.

**AAPD Member ID** \_\_\_\_\_ **(not required)**

<b>First Name</b>		<b>Nickname</b>	
<b>Last Name</b>			
<b>Street</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Country</b>
<b>Telephone</b>		<b>Fax</b>	
<b>E-mail</b>			

### HOUSING RESERVATION REQUEST

<b>Arrival Date</b>	<b>Departure Date</b>
<b>Hotel Choices: 1st</b>	<b>2nd</b>

**Room Type:** ☐ (1 person/1bed) ☐ (2 people/1 bed) ☐ (2 people/2 beds)  
☐ (3 people/2 beds) ☐ (4 people/2 beds) ☐ 1 bedroom suite ☐ 2 bedroom suite

Hotel will attempt to honor all requests, but requests cannot be guaranteed.  
Only one room per registrant is allowed. Suites may be requested and are based on availability. Please direct requests for additional rooms or suites to AAPD Registration and Housing Services at (800) 974-3084. Rates are subject to 14.15 percent tax, (Subject to change without notice). Please note maximum of four (4) persons per standard room types (suites not included).

☐ No hotel required ☐ Staying with family/friends ☐ Local Resident ☐ Booked own hotel; hotel name \_\_\_\_\_

**Special Requests:** ☐ I have a disability and may require accommodations to fully participate. (AAPD will contact you).

☐ Audio ☐ Visual ☐ Mobile ☐ Other \_\_\_\_\_

Special Dietary Needs: ☐ Gluten Free ☐ Vegetarian ☐ Kosher ☐ Other \_\_\_\_\_

### REGISTRATION CATEGORIES AND FEES

	Before April 7	After April 7	Totals
<input type="checkbox"/> Member	\$720	\$820	\$ _____
<input type="checkbox"/> Member (Year 1 & 2)	\$360	\$410	\$ _____
<input type="checkbox"/> Life/Retired	\$295	\$295	\$ _____
<input type="checkbox"/> Student	\$0	\$150	\$ _____
<input type="checkbox"/> Non-Member Pediatric Dentist	\$1,330	\$1,430	\$ _____
<input type="checkbox"/> Non-Member Dentist	\$1,320	\$1,420	\$ _____
<input type="checkbox"/> International Pediatric Dentist	\$850	\$950	\$ _____
<input type="checkbox"/> Office Staff	\$220	\$320	\$ _____
<input type="checkbox"/> Spouse/Guest	\$200	\$225	\$ _____
<input type="checkbox"/> Child (up to age 20)	N/C	N/C	\$ _____

Conference Harvester Audio Content	\$159	\$159	\$ _____
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**\*Conference Harvester conference content will be available approximately 1-2 weeks after the Annual Session.**

- One (1) ticket to the Welcome Reception is included with the registration fee for all attendees. Please indicate if you plan to attend.
- Child (5+ years of age) registrations must purchase all social event tickets.

BREAKFAST ROUNDS

Breakfast Rounds are on Saturday, May 24 and Sunday, May 25. Please choose ONE Breakfast Round by indicating your choice. (i.e. – BR1, BR15, etc.)

\_\_\_\_\_ 1st Choice \_\_\_\_\_ 2nd Choice

QTY \_\_\_\_ x \$50 = \$ \_\_\_\_\_

ADDITIONAL PROGRAMMING

Joint Academic Day\*, Wednesday, May 21

QTY \_\_\_\_ x complimentary

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

PreConference Course: Pediatric Medicine Update, Thursday, May 22

QTY \_\_\_\_ x \$250 = \$ \_\_\_\_\_

PALS Recertification, Friday, May 23

QTY \_\_\_\_ x \$250 = \$ \_\_\_\_\_

PALS Recertification, Saturday, May 24

QTY \_\_\_\_ x \$250 = \$ \_\_\_\_\_

Evidence Based Dentistry Workshop, Saturday, May 24

QTY \_\_\_\_ x \$250 = \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

SOCIAL EVENTS

5K Fun Run/Walk, Friday, May 23

QTY \_\_\_\_ x \$75 = \$ \_\_\_\_\_

New Pediatric Dentist Happy Hour, Friday, May 23

QTY \_\_\_\_ x \$25 = \$ \_\_\_\_\_

Welcome Reception, Friday, May 23

☐ Attending ☐ Not Attending

Additional Tickets—Adult

QTY \_\_\_\_ x \$200 = \$ \_\_\_\_\_

Additional Tickets—Child<sup>2</sup>

QTY \_\_\_\_ x \$90 = \$ \_\_\_\_\_

Presidents’ Farewell Dinner, Sunday, May 25

Adult

QTY \_\_\_\_ x \$200 = \$ \_\_\_\_\_

Child

QTY \_\_\_\_ x \$50 = \$ \_\_\_\_\_

<sup>1</sup>One complimentary ticket per registration to the Welcome Reception with the exception of Child registrations. Please make the appropriate notation above to receive a complimentary ticket. Tickets for children and non-registered spouse/guests MUST be purchased.

<sup>2</sup>Children ages 5+ require a ticket to attend any event.

Sub Total \$ \_\_\_\_\_

METHODS OF PAYMENT

TOTAL AMOUNT DUE \$ \_\_\_\_\_

☐ Enclosed is a check payable to AAPD ☐ Credit Card ☐ American Express ☐ MasterCard ☐ Visa

*(Funds must be drawn in U.S. dollars on a U.S. bank Checks for Registration only.)*

Card Number Exp. Date (must be 6/2014 or later)

Print Cardholder’s Name Security Code

Cardholder’s Signature Date

By signing I authorize my credit card to be charged and that I agree to comply with the referenced cancellation policies 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 FEES: APRIL 7, 2014

### SPOUSE/GUEST AND CHILDREN NAMES (PLEASE TYPE OR PRINT)

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

Spouse/Guest First Name	Nickname
Spouse/Guest Last Name	
Name as you would like it to appear on your badge	
Child's Name	Age
Child's Name	Age
Child's Name	Age
Child's Name	Age

### SUBMIT COMPLETED REGISTRATION FORMS WITH PROPER PAYMENT TO:

Fax: (301) 694-5124

Mail:

AAPD 67th Annual Session  
PO Box 4088  
Frederick, MD 21705

Credit card or check (drawn on U.S. bank in U.S. funds). Checks are accepted for Registration; a credit card is required for housing reservations. No wire transfers or purchase orders will be accepted. Allow 7 – 10 days for processing and receipt of registration confirmation. Please make checks payable to AAPD/Experient.

Cancellations for the hotel must be received a minimum of 72 hours prior to arrival. No shows or reservations cancelled within 72 hours of arrival will be charged a one night room and tax cancellation fee to the credit card on file.

*Registrants will receive an e-mailed confirmation from AAPD Registration and Housing Service Center. Please review your confirmation carefully when you receive it and bring it with you to the meeting to print your badge and tickets, if applicable.*

**Skip the Registration and Housing Form and...**  
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