Registration Form – One registration form per person (Please print) Name _____ Address City/State/Zip ______ Phone/Fax Additional Registration Information Americans with Disabilities Act Visual □ Audio I require a special meal: ☐ Kosher ☐ Other _____ Vegetarian ☐ Gluten Free Fall 2013 CE Courses Oral Clinical Examination Review-Aug. 22 Contemporary Sedation-Oct. 4-6 By July 22 After July 22 Subtotal By Sept. 4 After Sept. 4 Subtotal AAPD Member \$ 295 \$ 395 AAPD Member \$ 895 \$ 995 AAPD Student Member \$ 395 \$ 495 AAPD Student Member \$ 295 \$ 395 Nonmember Dentist \$ 1.095 \$ 1.195 Comprehensive Review-Aug. 23-25 By July 22 After July 22 Behavior Guidance-Nov. 15-16 Subtotal By Oct. 15 After Oct. 15 Subtotal AAPD Member \$ 695 \$ 795 AAPD Student Member \$ 495 AAPD Member \$ 595 \$ 695 \$ 395 AAPD Student Member \$ 395 \$ 495 Affordable Care Act Conference—Sept. 28 Dental Assistant/ \$ 350 \$ 450 By Aug. 28 After Aug. 28 Subtotal Office Staff AAPD Member \$ 300 \$ 400 Nonmember Dentist \$ 895 \$ 895 AAPD Student Member \$ 200 \$ 300 Dental Assistant's Course-Oct. 4 Total Amount Enclosed \$

By Sept. 4

\$ 325

Dental Assistant/

Office Staff

After Sept. 4

\$ 425

Subtotal



American Academy of Pediatric Dentistry Registration Fall 2013 CE Courses



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Cancellation

Notice of cancellation must be made in writing and sent to: AAPD Meetings Department, 211 E. Chicago Avenue, Suite 1700, Chicago, IL 60611-2637, or faxed to (312) 337-6329 or e-mailed to Meeting Services Manager Kristi Casale at kcasale@aapd.org.

AAPD is not responsible for travel expenses or penalties under any circumstances.

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