Name			
AddressCity/State/ZipPhone/FaxE-mail			
City/State/ZipPhone/FaxE-mail			
Phone/FaxE-mail			
E-mail			
Additional Registration Information			
Americans with Disabilities Act  Audio Uvisual			
require a special meal: 🗅 Vegetarian 🕒 Kosher 🕒 Other			
Spring 2016 CE Courses			
Comprehensive Review—Jan. 29-31 Simulation Course (Saturday evening of	Simulation Course (Saturday evening course) — Mar. 5		
By Dec. 31 After Dec. 31 Subtotal By Feb. 3	After Feb. 3	Subtotal	
AAPD Member \$ 880 \$ 980 \$ AAPD Member \$ 1,450		\$	
AAPD Student Member \$ 395 \$ 495 \$ AAPD Student Member \$ 1,450	\$ 1,550	\$	

Sedation Course—Mar. 3-5

AAPD Member

AAPD Student Member

Nonmember Dentist

After Feb. 3

\$ 1,000

\$ 495

\$ 1,200

By Feb. 3

\$ 900

\$ 395

\$ 1,100

Subtotal

## Registration for Spring 2016 CE Courses



Payment	•			
	American Express	□ Discover		
	MasterCard	☐ Visa		
Check made payable to AAPD is enclosed				
Card nur	nber			
Expiratio	on Date			
Cardholo	der Name			
Signatur	e			
Online	http://www.aapd.org/events			
Fax to	Meetings Department at:			
	(312) 337-6329			
Mail to	o Delaware Place Bank			
	AAPD Lockbox			
	190 E. Delaware Place			
	Chicago, IL 60611	1		

If paying by check, please make payable to the American Academy of Pediatric Dentistry.

## Cancellation

Notice of cancellation must be made in writing and sent to: AAPD Meetings Department, 211 E. Chicago Avenue, Ste. 1600, Chicago, IL 60611-2637, or faxed to (312) 337-6329 or e-mailed to Meeting & Education Coordinator, Jessica Vaughn, at <code>jvaughn@aapd.org</code>.

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

how to register

AAPD Member

AAPD Student Member

Simulation Course (Sunday morning course) — Mar. 6

By Feb. 3

\$ 1,450

\$ 1.450

After Feb. 3

\$ 1,550

\$ 1.550

Total Amount Enclosed

Subtotal