

Registration Form — One registration form per person (Please print)

Name _____

Address _____

City/State/Zip _____

Phone/Fax _____

E-mail _____

Additional Registration Information



Americans with Disabilities Act

☐ Audio

☐ Visual

I require a special meal: ☐ Vegetarian ☐ Kosher ☐ Gluten Free ☐ Other _____

Fall 2018 CE Courses

Oral Clinical Examination Review—Sept. 6

	By Aug. 6	After Aug. 6	Subtotal
AAPD Member	\$ 320	\$ 420	\$ _____
AAPD Student Member	\$ 320	\$ 420	\$ _____

Comprehensive Review—Sept. 7-9

	By Aug. 7	After Aug. 7	Subtotal
AAPD Member	\$ 880	\$ 980	\$ _____
AAPD Student Member	\$ 395	\$ 495	\$ _____
Non-Member Dentist	\$ 1080	\$ 1180	\$ _____

Dental Assistant Sedation Course—Oct. 26-27

	By Sept. 26	After Sept. 26	Subtotal
Dental Assistant/ Office Staff	\$ 440	\$ 540	\$ _____

Safe and Effective Sedation for the Pediatric Dental Patient—Oct. 26-28

	By Sept. 26	After Sept. 26	Subtotal
AAPD Member	\$ 900	\$ 1000	\$ _____
AAPD Student Member	\$ 395	\$ 495	\$ _____
Non-Member Dentist	\$ 1100	\$ 1200	\$ _____

Total Amount Enclosed \$ _____

Registration Fall 2018 CE Courses



Payment

- ☐ American Express ☐ Discover
☐ MasterCard ☐ Visa
☐ Check made payable to AAPD is enclosed

Card number _____

Expiration Date _____

Cardholder Name _____

Signature _____

Online <http://www.aapd.org/events>

Fax to Meetings Department at:
(312) 337-6329

Mail to Delaware Place Bank
AAPD Lockbox
190 E. Delaware Place
Chicago, IL 60611

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 Services Coordinator Caroline Price at cprice@aapd.org.

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

how to register