#### 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

I require a special meal:

Vegetarian
Kosher

	Gluten	Free		Other
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### Fall 2014 CE Courses

Oral Clinical Examination Review—Sept. 4				
	By Aug. 4	After Aug. 4	Subtotal	
AAPD Member	\$ 295	\$ 395	\$	
AAPD Student Member	\$ 295	\$ 395	\$	
Comprehensive Review–Sept. 5-7				
	By Aug. 5	After Aug. 5	Subtotal	
AAPD Member	\$ 695	\$ 795	\$	
AAPD Student Member	\$ 395	\$ 495	\$	
Dental Assistant's Course–Oct. 24				
	By Sept. 24	After Sept. 24	Subtotal	
Dental Assistant/	\$ 325	\$ 425	\$	
Office Staff				

#### Contemporary Sedation—Oct. 24-26

	By Sept. 24	After Sept. 24	Subtotal
AAPD Member	\$ 895	\$ 995	\$
AAPD Student Member	\$ 395	\$ 495	\$
Nonmember Dentist	\$ 1,095	\$ 1,195	\$

#### Restorative Dentistry Symposium – Nov. 14-15

	By Oct. 14	After Oct. 14	Subtotal
AAPD Member	\$ 695	\$ 795	\$
AAPD Student Member	\$ 395	\$ 495	\$
Dental Assistant/	\$ 395	\$ 495	\$
Office Staff			
Nonmember Dentist	\$ 895	\$ 895	\$

Total Amount Enclosed \$\_\_\_\_\_

## Registration Fall 2014 CE Courses



Payment	t		
	American Express	Discover	
	MasterCard	🗅 Visa	
	Check made payabl	e to AAPD is enclosed	
Card nur	nber		
Expiratio	on Date		
Cardhold	der 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	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, Suite 1700, Chicago, IL 60611-2637, or faxed to (312) 337-6329 or e-mailed to Meetings and Education Coordinator Jessica Vaughn at *jvaughn@ aapd.org.* 

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

# how to register