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

Name				
Address				
City/State/Zip				
Phone/Fax				
E-mail				
Additional Registration Information Americans with Desired Audio	Disabilities Act Visual	☐ Kosher	☐ Gluten Free	□ Other
Tall 2015 CF Causes				

Fall 2015 CE Courses

Oral Clinical Examination	on Review—Se	pt. 10		Sedation Course—Oct. 2	23-25		
	By Aug. 12	After Aug. 12	Subtotal		By Sept. 25	After Sept. 25	Subtotal
AAPD Member	\$ 320	\$ 420	\$	AAPD Member	\$ 900	\$ 1,000	\$
AAPD Student Member	\$ 320	\$ 420	\$	AAPD Student Member	\$ 395	\$ 495	\$
				Nonmember Dentist	\$ 1,100	\$ 1,200	\$
Comprehensive Review	—Sept. 11-13						
	By Aug. 12	After Aug. 12	Subtotal	Oral Pathology Sympos	ium – Dec. 4-5		
AAPD Member	\$ 880	\$ 980	\$		By Nov. 5	After Nov. 5	Subtotal
AAPD Student Member	\$ 395	\$ 495	\$	AAPD Member	\$ 765	\$ 865	\$
Dental Assistant's Cour	se-Oct. 23-24	ŀ		AAPD Student Member	\$ 395	\$ 495	\$
	By Sept. 25	After Sept. 25	Subtotal	Dental Assistant/ Office Staff	\$ 395	\$ 495	\$
Dental Assistant/ Office Staff	\$ 440	\$ 540	\$	Nonmember Dentist	\$ 965	\$1065	\$

Total Amount Enclosed \$

Registration Fall 2015 **CE Courses**



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Mail to	Delaware Place B	3ank						
	AAPD Lockbox							
	190 E. Delaware	Place						
	Chicago, IL 6061	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 Meetings and Education Coordinator Jessica Vaughn at jvaughn@aapd.org.

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



