

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 _____

Spring 2018 CE Courses

Comprehensive Review—Jan. 26-28

	By Dec. 26	After Dec. 26	Subtotal
AAPD Member	\$ 880	\$ 980	\$ _____
AAPD Student Member	\$ 395	\$ 495	\$ _____
Non-Member Dentist	\$ 1080	\$ 1180	\$ _____

AAPD/AAO 2018 Joint Winter Conference—Feb. 9-11

To register for the AAO/AAPD joint course, please visit www.aaoinfo.org

Safe and Effective Sedation for the Pediatric Dental Patient—Mar. 8-10

	By Feb. 8	After Feb. 8	Subtotal
AAPD Member	\$ 900	\$ 1000	\$ _____
AAPD Student Member	\$ 395	\$ 495	\$ _____
Non-Member Dentist	\$ 1100	\$ 1200	\$ _____

Management of Pediatric Sedation Emergencies: Simulation—Mar. 11

	By Feb. 11	After Feb. 11	Subtotal
AAPD Member, Student Member & Non-Member Dentist	\$ 1300	\$ 1400	\$ _____

Total Amount Enclosed \$ _____

Registration Spring 2018 CE Courses

aapd
Continuing Education

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, Suite 1600, Chicago, IL 60611-2637, or faxed to (312) 337-6329 or e-mailed to Meetings Services Director Kristi Casale at kcasale@aapd.org.

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

how to register