

**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 ☐ Other \_\_\_\_\_

**Spring 2014 CE Courses**

**Comprehensive Review — Jan. 24–26**

	By Dec. 26	After Dec. 26	Subtotal
AAPD Member	\$ 695	\$ 795	\$ _____
AAPD Student Member	\$ 395	\$ 495	\$ _____

**Contemporary Sedation — Feb. 27–March 1**

	By Jan. 29	After Jan. 29	Subtotal
AAPD Member	\$ 895	\$ 995	\$ _____
AAPD Student Member	\$ 395	\$ 495	\$ _____
Nonmember Dentist	\$ 1,095	\$ 1,195	\$ _____

**Simulation Course — March 1–2**

	By Feb. 1	After Feb. 1	Subtotal
AAPD Member	\$ 1,450	\$ 1,550	\$ _____

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

**American Academy of  
Pediatric Dentistry**  
**Spring 2014  
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, Suite 1700, Chicago, IL 60611-2637, or faxed to (312) 337-6329 or e-mailed to Meeting Services Senior Manager, Kristi Casale, at [kcasale@aapd.org](mailto:kcasale@aapd.org).

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