

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 2020 CE Courses

Board Qualifying Examination Preparation Course—Feb. 7-9

	By Jan. 7	After Jan. 7	Subtotal
AAPD Member	\$ 990	\$ 1,090	\$ _____
AAPD Student Member	\$ 495	\$ 595	\$ _____
Non-Member Dentist	\$ 1,190	\$ 1,290	\$ _____

Pediatric Sedation Emergencies Simulation Course—Mar. 29

	By Feb. 29	After Feb. 29	Subtotal
AAPD Member	\$ 1,300	\$ 1,400	\$ _____
AAPD Student Member	\$ 1,300	\$ 1,400	\$ _____
Non-Member Dentist	\$ 1,500	\$ 1,600	\$ _____

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

	By Feb. 26	After Feb. 26	Subtotal
AAPD Member	\$ 990	\$ 1,090	\$ _____
AAPD Student Member	\$ 495	\$ 595	\$ _____
Non-Member Dentist	\$ 1,190	\$ 1,290	\$ _____

Total Amount Enclosed \$ _____

**Registration
Spring 2020
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 1600, Chicago, IL 60611-2637, or faxed to (312) 337-6329 or e-mailed to Meetings Services Manager Caroline E. (Price) Oliva at *coliva@aapd.org*.

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

how to register