



# PRE-REGISTRATION FORM

39<sup>th</sup> Annual Meeting & Exhibition of the AADR • 34<sup>th</sup> Annual Meeting of the CADR  
Walter E. Washington Convention Center

**DEADLINES:** **January 6, 2010 – Presenters**  
**January 22, 2010 – Non-presenters**

**INSTRUCTIONS:**

1. A separate form must be completed for each registrant. Please photocopy this form if you need additional copies.
2. Register immediately online OR complete this form and submit it for processing.
3. Forms received without payment or after January 22, 2010 will be charged the on-site registration fees.
4. To register as a member, you must have activated or renewed your 2010 membership by the time you register. If you wish to join the Association to take advantage of the lower membership registration fee, please pay your dues at the time of registration. Membership applications are available online at [www.iadr.org/membership](http://www.iadr.org/membership). If your membership dues payment is not **received and processed** by the start of the meeting, you will automatically be charged the full non-member registration rate for the meeting. This additional charge will be deducted from your credit card. If your original payment was by check, you will receive an invoice payable on site at the meeting.
5. Requests for refunds for your registration must be received in writing by the deadline date (full refund minus \$50 processing fee), and refunds will be processed AFTER the meeting.
6. A letter confirming your registration will be sent to you within three (3) days after your form is received.

**RETURN TO:**  
AADR 2010  
PO Box 75537  
Baltimore, Md., 21275-5537, USA

**FAX:**  
+ 1.703.548.1883

**REGISTER ONLINE:**  
[www.aadronline.org/aaam](http://www.aadronline.org/aaam)

**QUESTIONS?**  
Tel: + 1.703.548.0066  
E-mail: [registration@aadronline.org](mailto:registration@aadronline.org)

Are you a Member?  No or  Yes, ID # \_\_\_\_\_

Are you a Presenter?  No or  Yes, Abstract ID # \_\_\_\_\_

## REGISTRANT INFORMATION

Last/Family Name \_\_\_\_\_

First Name and Middle Initial \_\_\_\_\_

Company/Institution \_\_\_\_\_

Department \_\_\_\_\_

Street Address 1 \_\_\_\_\_

Street Address 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Telephone (include all country/city codes) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## ACCOMPANYING PERSON(S)

Last/Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Last/Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Last/Family Name \_\_\_\_\_ First Name \_\_\_\_\_

**LETTER OF INVITATION?**  Yes, I require an official letter of invitation to initiate the visa process.

Date of Birth \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ Passport # \_\_\_\_\_ Nationality \_\_\_\_\_

Registration Form Continued

First and Last Names: \_\_\_\_\_

Tel, E-mail or Fax#: \_\_\_\_\_

PRE-REGISTRATION FEE PER PERSON

(by January 22, 2010)

- Member \$400 \*
- Non-member \$700 \*
- Student Member \$150
- Student Non-member \$225
- Retired Member \$50
- Accompanying Person \$50 x \_\_\_\_\_ ppl = \$\_\_\_\_\_

\* After January 22, 2010, Member and Non-member registration rates will increase by \$100.

If you paid the \$50 abstract submission fee, please enter your 16-digit code to receive the discount. Code may only be used one time.

iadr - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SPECIAL EVENTS

Advocacy Day (Tuesday, March 2, attendance is complimentary)

- Legislative Workshop
- Capitol Hill Visits
- Awards Reception

Dental Materials Group Reception (Wednesday, 6:30 p.m.)

- # tickets \_\_\_\_\_ x \$35 per non-student = \$\_\_\_\_\_
- # tickets \_\_\_\_\_ x \$25 per student = \$\_\_\_\_\_

Hands-on Workshops (included in registration fee, attendance limited)

- HOW #1: Thursday, 10:45 a.m.
- HOW #4: Friday, 10:45 a.m.
- HOW #5: Saturday, 9 a.m.

Lunch & Learning (Thursday, 12:15 p.m.) \$60

- Tables #1-17: 1st choice \_\_\_\_\_  
2nd choice \_\_\_\_\_

SUBTOTAL FOR REGISTRATION: \$\_\_\_\_\_

SUBTOTAL FOR SPECIAL EVENTS: \$\_\_\_\_\_

TOTAL AMOUNT DUE:

\$\_\_\_\_\_

PAYMENT INFORMATION

Check # \_\_\_\_\_ for \$\_\_\_\_\_ enclosed (must be payable to AADR, in U.S. dollars and drawn on a U.S. bank)

Charge \$\_\_\_\_\_ to:  American Express  MasterCard  VISA

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_ Card Security ID#/CVV2 \_\_\_\_\_  
MONTH YEAR

Cardholder Name (print): \_\_\_\_\_

Cardholder's Telephone: \_\_\_\_\_ Cardholder's E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address:

Same as above

Street: \_\_\_\_\_

City, State/Country/Postal Code \_\_\_\_\_

AADR reserves the right to charge the correct amount on a credit card if different from the Total Payment listed. Should a delegate register in the wrong category, AADR has the right to charge your credit card the difference in registration fees.

QUESTIONS?

Call: +1.703.548.0066

E-mail: registration@aadronline.org