IADR GENERAL SESSION
SAN DIEGO, CA, USA · MARCH 25-28, 2026
104TH GENERAL SESSION & EXHIBITION OF THE IADR
55TH ANNUAL MEETING OF THE AADOCR
50TH ANNUAL MEETING OF THE CADR

REGISTRATION FORM

DEADLINES:

January 15, 2026 – Presenter Registration
February 3, 2026– Early Bird Registration

INSTRUCTIONS

1. A separate form must be completed for each registration. 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 after February 3, 2026, will be charged the standard registration fees.
4. To register as a member, you must have activated or renewed your 2026 membership by the time you register. If you wish to join the Association to take advantage of the lower member registration fee, please pay your dues prior to time of registration. Membership applications are available online at https://www.iadr.org/membership.
5. Requests for registration refunds must be received in writing made more than 21 days prior to the meeting (refund minus $150 cancellation fee), and refunds will be processed AFTER the meeting. A $20 processing fee will be deducted for any changes to existing registrations, such as from non-member to member registration rate.

RETURN TO
IADR Global Headquarters
1619 Duke Street
Alexandria, VA 22314 USA

FAX
+1.703.548.1883

REGISTER ONLINE
www.iadr.org/2026iags_registration

QUESTIONS:
Tel: +1.703.548.0066
Email: registration@iadr.org

REGISTRANT INFORMATION

Are you a Member? ☐ NO ☐ YES, ID#_____
Are you an Abstract Presenter? ☐ NO ☐ YES, Abstract Control ID# _____
(If you are a co-author, lunch & learning session, hands-on workshop, or symposia speaker, please select 'No')
Accessibility Needs: ☐ NO ☐ YES, please select all that apply: ☐ AUDIO ☐ MOBILITY ☐ VISUAL
Optional: Add your pronoun(s) to your badge (she/her/hers, he/him/his, they/them/theirs, etc.) _____

First Name _____

Last Name _____

Institution/Company _____

Street Address 1 _____

Street Address 2 _____

City _____ State/Province _____

Country _____ Postal Code _____

Telephone _____ Fax _____

Email _____

Emergency Contact's Full Name* _____

Emergency Contact's Telephone Number* _____

ACCOMPANYING PERSON(S)

$100 x____ people= $_____

AP 1. Full Name _____ Day of Attendance _____

AP 2. Full Name _____ Day Of Attendance _____

Note: Accompanying persons are non-dentists, non-researchers, non-IADR members who may be traveling with a meeting delegate and who have no scientific or educational interest in the meeting. Meeting delegates' students, lab technicians, colleagues, past IADR members, co-authors, exhibitor personnel, dental product company employees, children under 16, etc., do not qualify as accompanying persons.

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

Full Name on Passport _____

Delegate's Date of Birth _____ Passport # _____ Nationality _____

AP 1: Date of Birth _____ Passport # _____ Nationality _____

Full Name on Passport _____

AP 2: Date of Birth _____ Passport # _____ Nationality _____

Full Name on Passport _____

Only registered delegates and accompanying persons attending the General Session are eligible to receive invitation letters.
All invitation letters will be sent via email. If you require a printed letter, please contact registration@iadr.org. additional fees may apply.

REGISTRATION FEES PER PERSON

All prices are in US Dollars.

Early Bird Registration (until February 3, 2026)

- ☐ Member/Affiliate Member $745
- ☐ 5+ Years Continuous Member $670
- ☐ Non-member $1,330
- ☐ Student Member $375
- ☐ Student Non-member $665
- ☐ Retired Member $375

Standard Registration (after February 3, 2026)

- ☐ Member/Affiliate Member $845
- ☐ 5+ Years Continuous Member $770
- ☐ Non-member $1,430
- ☐ Student Member $425
- ☐ Student Non-member $715
- ☐ Retired Member $425

☐ **CHILDCARE RESERVATION**
This is a $25 RESERVATION FEE ONLY
To reserve a childcare spot onsite. Actual daily childcare costs will be determined onsite.This reservation fee is non-refundable and non transferable.

Please select day(s) you anticipate need:

- ☐ March 25, 2026
- ☐ March 26, 2026
- ☐ March 27, 2026
- ☐ March 28, 2026

SUBTOTAL: _____

TOTAL AMOUNT DUE: $_____

PAYMENT INFORMATION

☐ Check for $_____ Enclosed (must be payable to IADR, in US dollars and drawn on a US bank)

☐ Charge for $_____ (VISA, Mastercard, or American Express only)

Card # _____ Exp Date: _____ CVV: _____

Cardholder's Name (print): _____

Signature _____

BILLING INFORMATION ☐ same as page 1

Street Address _____

City _____ State/Province _____

Country _____ Postal Code _____

IADR reserves the right to review each registration for the appropriateness of the selected registration category, make any necessary corrections and charge your credit card the difference in registration fees. For example, a full-time faculty member that chooses the Accompanying Person or Student rate will be corrected upon review.

Optional: Registration Insurance
You may insure your registration fees through Vertical Insurance.
Registration protection will refund your registration fees if you are not able to attend for a covered reason.