

REGISTRATION FORM

IADR Member (Low, Lower-Middle, and Upper-Middle Income Countries Only)

PRE-REGISTRATION DEADLINES:

January 11, 2024 – Presenters

February 1, 2024 – Non-presenters

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 1, 2024 will be charged the on-site registration fees.
4. To register as a member, you must have activated or renewed your 2024 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 by the pre-registration deadline date (refund minus \$50 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/iareg

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)

\$70 x _____ people= \$_____

AP 1. First Name _____ Last Name _____

AP 2. First Name _____ Last Name _____

Note: Meeting delegate's students, lab technicians, colleagues, past IADR members, co-authors, etc., do not qualify as accompanying persons and are required to pay the appropriate registration fee if they wish to attend.

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.

PRE-REGISTRATION (until February 1, 2024)

IADR Member (Low, Lower Middle, and Upper-middle income countries) **\$340**

IADR Student Member (Low, Lower Middle, and Upper-middle income countries) **\$255**

ONSITE REGISTRATION (after February 1, 2024)

IADR Member (Low, Lower Middle, and Upper-middle income countries) **\$440**

IADR Student Member (Low, Lower Middle, and Upper-middle income countries) **\$305**

SUBTOTAL: \$ _____

SPECIAL EVENTS

For more information, click [here](#).

Lunch & Learning Sessions

Sessions 1-9
(Friday, March 15, 12:30 p.m.)

1st Choice _____ @ **\$65**

2nd Choice _____ @ **\$65**

Other Events

Dental Materials Group Reception –
Non-Student \$60, Student \$45
(Wednesday, March 13, 7 p.m.)

Hands-on Workshops

HOW #1: A New Dimension to Skills Development in Dental Education – **\$20**
(Wednesday, March 13, 8:30 a.m.)

HOW #4: IADR/AADOCR/CADR/NIDCR Mentoring and Networking Lunch – **\$35** (Wednesday, March 13, 12:30 p.m.)

HOW #5: Parenting Intervention for Caries Prevention – The DR-BNI – **\$20**
(Wednesday, March 13, 3:15 p.m.)

HOW #11: GRADE in Systematic Reviews Related to Children's Oral Health and Orthodontics – **\$25**
(Friday, March 15, 8 a.m.)

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.