

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 payments after February 1, 2023, will be charged the on-site registration fees.
4. To register as a member, you must have activated or renewed your 2023 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 prior to time of registration. Membership applications are available online at www.iadr.org/membership.
5. Requests for refund for your registration must be received in writing by the deadline date of February 1, 2023 (full 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 registration.

Are you a Member? NO or YES, Member ID# _____

Are you a Presenter? NO or YES, Abstract Control ID# _____

(If you are a co-author, hands-on workshop or symposium speaker, please select no)

Accessibility Needs? NO or YES, please check all that apply: AUDIO MOBILITY VISUAL

REGISTRATION INFORMATION

First Name _____

Last Name _____

Organization _____

Street Address 1 _____

Street Address 2 _____

City _____ State/Province _____

Country/Region _____ Postal Code _____

Phone _____ Email _____

Emergency Contact's Full Name _____

Emergency Contact's Telephone Number _____

ACCOMPANYING PERSON(S) Accompanying Person \$70 x _____ ppl = \$ _____

1. First Name _____ Last/Family Name _____

2. First Name _____ Last/Family 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.

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

Full Name on Passport _____

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

AP1: Date of Birth _____ Passport # _____ Nationality _____

Full Name on Passport _____

AP2: Date of Birth _____ Passport # _____ Nationality _____

Full Name on Passport _____

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

FAX
+1.703.548.1883

REGISTER ONLINE
<http://www.aadocr.org/aareg>

QUESTIONS
Tel: +1.703.548.0066

Email:
registration@aadocr.org

All letters of invitation will be sent via email. If you require a printed letter, please contact registration@aadocr.org. Additional fees may apply. All registration and event prices are in US Dollars.

REGISTRATION FEES PER PERSON

PRE-REGISTRATION (until March 1, 2023)

Member/Affiliate Member \$640
5+ Year Member \$575
Non Member \$1,145
Student Member \$305
Student Non Member \$565
Retired Member \$305

ON-SITE REGISTRATION (after March 1, 2023)

Member/Affiliate Member \$740
5+ Year Member \$675
Non Member \$1,245
Student Member \$355
Student Non Member \$615
Retired Member \$355

Subtotal \$ _____

SPECIAL EVENTS

Hands-on Workshops

(registration required, attendance limited)

AADOCR Faculty Development
Workshops: Mentoring Mentors and
Mentees
(Tuesday, March 14, 8 a.m.)
\$130

AADOCR/CADR/NIDCR Mentoring
and Networking Lunch
(Wednesday, March 15, 12 p.m.)
\$25

HOW #5: What We Wish We Knew
When Starting in Dental Academics
(Thursday, March 16, 8 a.m.)
\$10

HOW #8: Workshop on Evidence Based
Behavioral, Epidemiologic & Health Services Research
(Friday, March 17)
Part 1: 11 a.m.; Part 2: 2 p.m.
FREE *Attendees must attend Part 1 and 2

Specifying Research Questions and Objectives for
Dental Practice-Based Research
(Friday, March 17, 11 a.m.)
\$25

Focused Learning Sessions

Sessions 1, 2, 3
Thursday, March 16, 12:45 p.m.
Session Choice _____ @ **\$25**

Other Events

Dental Materials Group Reception
Wednesday, March 15, 7 p.m.
Student **\$40**
Non-student **\$55**

TOTAL AMOUNT DUE \$ _____

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

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

Card # _____ Exp Date _____ Card Security Code # _____

Cardholder's Name (print) _____

Signature _____

BILLING ADDRESS Same as page 1

Street Address _____

City _____ State/Province _____

Country _____ Postal Code _____

AADOCR 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.