

REGISTRATION FORM

PRE-REGISTRATION DEADLINES: April 19, 2023 - Presenters
June 1, 2023 - 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 payments after May 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 May 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 _____
month/day/year

AP1: Date of Birth _____ Passport # _____ Nationality _____

Full Name on Passport _____

AP2: Date of Birth _____ Passport # _____ Nationality _____

Full Name on Passport _____

RETURN TO

IADR
Global Headquarters
1619 Duke Street
Alexandria, VA 22314
USA

FAX

+1.703.548.1883

REGISTER ONLINE

<http://www.iadr.org/iareg>

QUESTIONS

Tel: +1.703.548.0066

Email:

registration@iadr.org

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

REGISTRATION FEES PER PERSON (Fee includes registration to attend WCPD)

PRE-REGISTRATION (until June 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 June 1, 2023)

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

SPECIAL EVENTS

Hands-on Workshops

(registration required, attendance limited)

IADR Academy
(Tuesday, June 20, 9 a.m.)

Student/Retired: \$100

Member: \$125

Non-member: \$230

Meet-a-Mentor Networking Session
for New Investigators
(Thursday, June 22, 12:45 p.m.)
\$30

Focused Learning Sessions

Sessions 1 - 4
Thursday, June 22, 12:45 p.m.

1st Choice _____ @ **\$25**

2nd Choice _____ @ **\$25**

Session 5 - 8
Friday, June 23, 12:45 p.m.

1st Choice _____ @ **\$25**

2nd Choice _____ @ **\$25**

Other Events

Dental Materials Group Reception
Wednesday, June 21, 7 p.m.

Student: \$40

Non-student: \$55

TOTAL AMOUNT DUE \$ _____

PAYMENT INFORMATION

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 _____

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.

By registering, you agree to the following policies:

- I have read and understand the [IADR Professional Conduct at Meetings Policy](#)
- I have read and understand the [Cancellation and Refund Policy](#)
- I have read and understand the [IADR Proof of Vaccination Policy](#)
- I have read and understand the [IADR COVID-19 Policy: Liability Waiver and Assumption of Risk](#)