



PRE-REGISTRATION FORM

37th Annual Meeting & Exhibition of the AADR • Hilton Anatole Hotel

DEADLINES: February 1, 2008 – Presenters
February 15, 2008 – Non-presenters

INSTRUCTIONS:

1. A separate form must be completed for each registrant. Please photocopy this form if you need additional copies. A letter confirming your registration will be sent to you within five (5) business days after your form is received.
2. Register immediately online OR complete this form and submit it for processing.
3. Forms received without payment or after February 15, 2008, will be charged the on-site registration fees.
4. To register as a member, you must have had your 2008 membership activated or renewed 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 separately. Membership applications are available online. 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 \$40 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.
7. Do NOT submit forms directly to the AADR. Send or FAX to Laser Registration at address above.

RETURN TO:

AADR 2008
c/o Laser Registration
1200 G St., NW
Suite 800
Washington, DC 20005-3967, USA

FAX:

+1.514.228.3150

REGISTER ONLINE:

<https://www.one-stop-registration.com/aadr>

QUESTIONS?

Call: +1.514.228.3031
E-mail: AADR@laser-registration.com

MEMBERSHIP INFORMATION

ID # P _____ Division _____

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 _____ 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 _____ Passport # _____ Nationality _____
month day year

(OVER)

Registration Form Cont'd

First and Last Name: _____

E-mail, Tel. or Fax#: _____

PRE-REGISTRATION FEE PER PERSON

(by February 15, 2008)

- Member \$325 *
- Non-member \$575 *
- Student Member \$100
- Student Non-member \$155
- Retired Member complimentary
- Accompanying Person \$45 x _____ ppl = \$ _____

*The on-site fee is \$100 more than the Member and Non-member pre-registration rates!

SPECIAL EVENTS

- Lunch & Learning** (Thursday, 12:15 p.m.) \$55
Table #1-11: 1st choice _____ or 2nd choice _____
- Hands-on Workshops** complimentary
HOW #1: Thursday, 9 a.m.
HOW #3: Friday, 9:45 a.m.
- Dental Materials Group Reception** (Thursday, 6:30 p.m.)
tickets _____ x \$30 per person = \$ _____

SUBTOTAL FOR REGISTRATION: \$ _____

SUBTOTAL FOR SPECIAL EVENTS: \$ _____

TOTAL AMOUNT DUE:

\$ _____

PAYMENT INFORMATION

- Check # _____ for \$ _____ enclosed (must be payable to the AADR, in U.S. dollars and drawn on a U.S. bank)
- Charge \$ _____ to: American Express MasterCard VISA
(Note: The charge will appear as AADR on your statement.)

Card Number: _____

Exp: _____ / _____
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 _____

The AADR reserves the right to charge the correct amount if different from the Total Payment listed above.

QUESTIONS?

Call: +1.514.228.3031

E-mail: AADR@laser-registration.com

FOR OFFICE USE ONLY

Amount pd: \$ _____

CC Auth: \$ _____

CK # _____