



**AADB 2019 MID-YEAR MEETING  
MEETING REGISTRATION FORM**  
March 9 – 10, 2019  
American Dental Association Headquarters  
Chicago, Illinois USA

**Register Today!**  
Only onsite registrations will be accepted after February 21.  
Register online at:  
[www.dentalboards.org](http://www.dentalboards.org)

**PLEASE PRINT OR TYPE INTO THIS FORM**

<hr/> Given Name/First Name	<hr/> Surname/Family Name/Last Name	<hr/> Credentials (DDS, DMD, etc.)
<hr/> Badge Name (As you would like your name to appear on your badge, if different than above.)		
<hr/> Organization or Board Affiliation	<hr/> Title	
<hr/> Office Address (Include street address, city, state/province and zip/postal code.)		
<hr/> Home Address (If no office address. Include street address, city, state/province and zip/postal code.)		
<hr/> Email Address	<hr/> Work Phone	
<hr/> Home Phone (optional)	<hr/> Cellular Phone (optional)	
Do you plan to bring a guest to the reception Saturday, March 9? (included)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to bring a guest to the luncheon Sunday, March 10? (\$60 per guest)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/> Name of guest(s): _____		

**Refund Policy**  
Notification of cancellation must be submitted in writing to [info@dentalboards.org](mailto:info@dentalboards.org). Cancellations received by February 1, 2019, will be subject to a \$50 cancellation fee. No refunds will be given after February 1, 2019. Substitutions are allowed at any time but must be submitted in writing and must be of the same membership status.

**Purchase Orders & Invoice Requests**  
Email [info@dentalboards.org](mailto:info@dentalboards.org). To avoid a \$50 late fee, payment must be received or postmarked by February 1, 2019.

**Special Needs**  
If you have special dietary or accessibility requirements, contact AADB at: 1-312-440-7464 or [info@dentalboards.org](mailto:info@dentalboards.org)

**COMPUTE YOUR REGISTRATION FEE**

The AADB registration fee includes a Sunday Reception for the registrant and one guest, and a Monday Luncheon for the registrant only.

<b>Attendee Registration:</b>	\$475 members / \$625 nonmembers	\$ _____
<b>Luncheon Guest Fees:</b>	\$60 per guest x _____ guests =	\$ _____
<b>Late Fee:</b>	\$50 (payments received after February 1, 2018)	\$ _____
<b>TOTAL:</b>		<b>\$ _____</b>

**PAYMENT**

**Check or money order enclosed for \$ \_\_\_\_\_**  
(Make checks payable to: American Association of Dental Boards)

VISA  MasterCard  American Express  Discover

<hr/> Card Number	<hr/> Expiration Date
<hr/> Name on Card	<hr/> Billing Zip/Postal Code

Registration and payment by credit card can be completed online. [Click here to register online](#) or fill out the form above and mail or fax it with a credit card number to 1-312-440-3525.

If registering by check or money order, mail this form with payment to:  
  
American Association of Dental Boards  
211 East Chicago Avenue, Suite 760  
Chicago, IL 60611

For U.S. citizens: Contributions, gifts, dues or other payments to the American Association of Dental Boards are not deductible for federal income tax purposes as charitable contributions. However, they may be deductible as ordinary and necessary business expenses. Consult your tax advisor. AADB's Taxpayer ID# 36-1636099