



American Association of Women Dentists

89th Annual Meeting & Conference
Taste of Dentistry in Chicago+
June 24-26, 2010

Wyndham Chicago, 633 N. St. Clair Street, Chicago

REGISTRATION FORM



Located just steps from Chicago's famed Magnificent Mile, the Wyndham Chicago offers visitors a blend of style, comfort and sophistication.

Getting There:

The Wyndham Chicago is centrally located between O'Hare International Airport and Chicago/Midway Airport giving you more options to get there.

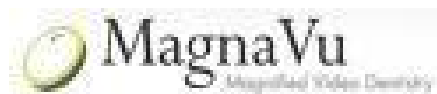
Activities/Area Attractions

Chicago is the third largest city in the United States with a population of nearly three million people. Its scenic lakeside location, world-class cultural offerings and unique architecture are just some of the reasons why Chicago is a great place to live and visit.

Spend an Extra Day

The 2010 Taste of Chicago opens Friday, June 25 at Chicago's beautiful Grant Park. This outdoor festival, has grown to be the world's largest outdoor food fest -- a gastronomical extravaganza attracting upwards of 3 million people each year. Taste of Chicago 2010 celebrates the 30th anniversary of the festival.

AAWD's 2010 Annual Meeting is sponsored by:





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Contact the hotel directly by **Monday, May 24, 2010** and reference the **AAWD Annual Meeting** to receive the discounted room rates. Reservations made after this date are subject to space and rate availability. Questions? Call AAWD Headquarters at (800) 920-2293.

Wyndham Chicago – (800) WYNDHAM (996-3426). Rate: Single/Double \$199 per night or log on to: www.wyndham.com/groupeventsnew/orddt_womendentists/main.wnt

Fill out this form and fax or mail with your payment in full to: American Association of Women Dentists, 216 West Jackson Blvd., Suite 625, Chicago, IL 60606 Fax: (312) 750-1203

I would like to register as:

- _____ AAWD Member - \$419 per person (\$439 after June 1)
- _____ Non-Member Dentist - \$475 (\$495 after June 1)
- _____ AAWD Student Member - \$130 per person (\$150 after June 1)
- _____ Dental Staff/Spouse/Guest - \$130 per person (\$150 after June 1)
- _____ I would like to Sponsor a Student Member to attend \$_____ (amount)

Total Amount Due: _____ (all registrations) + _____ (Optional Donation) = \$_____

Payment method:

_____ Check is enclosed _____ Charge my (circle one): VISA MasterCard AMEX

Card# _____ Exp. _____

Signature: _____ Amount Authorized: \$ _____

Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ E-Mail: _____

Additional Attendee _____

Additional Attendee _____

Payment/Cancellation Policy: Payment must accompany this registration form to receive the early bird registration fee. Cancellations must be made on or before June 1 in order to receive a refund.



This activity has been planned and implemented in accordance with the standards of the Academy of General Dentistry Program Approval for Continuing Education [PACE] through program approval of the American Association of Women Dentists. AAWD is approved for awarding FAGD/MAGD credit.