



American Association of Women Dentists
2018 CONFERENCE REGISTRATION

INFORMATION FOR BADGE

Please print

| | | | |
|---|--------|---------------|----------|
| Full Name: | | Credentials*: | |
| <i>*Credentials will appear on conference badge as listed here; please list your licensure(s) first, followed by your certification(s).</i> | | | |
| Name for Badge (first name only): | | Job Position: | |
| Institution/College: | | | |
| City: | State: | Zip: | Country: |

CONTACT INFORMATION

Please print

| | | | |
|-------------------------|---------------|----------|---|
| Mailing Address: | | | <input type="checkbox"/> Home <input type="checkbox"/> Work |
| City: | State: | Zip: | Country: |
| Daytime Phone: | Cell Phone #: | | |
| Email Address: | | | |
| Emergency Contact Name: | | Phone #: | Relationship: |

OTHER INFORMATION

Please put a checkmark next to items that apply to you

| | | |
|---|---|--|
| Are you a student? <input type="checkbox"/> | Are you a new AAWD member? <input type="checkbox"/> | Is this your first AAWD conference? <input type="checkbox"/> |
| Do you want to opt-out of vendor emails? <input type="checkbox"/> | | |
| Do you have decision-making capabilities when it comes to product selections? <input type="checkbox"/> | | |
| Describe your practice: Private <input type="checkbox"/> Federal Services <input type="checkbox"/> Education <input type="checkbox"/> Public Health <input type="checkbox"/> Research <input type="checkbox"/> Other <input type="checkbox"/> | | |

REGISTRATION

Please check the correct box below for your registration. Please choose the standard registration rate if after July 6, 2018.

| Early Bird Registration until July 6, 2018 | | |
|--|--------------|--------------------------|
| Member | \$450 | <input type="checkbox"/> |
| Student | \$125 | <input type="checkbox"/> |
| First Year Post-Graduate | \$250 | <input type="checkbox"/> |
| Non-Member Dentist | \$825 | <input type="checkbox"/> |
| Non-Member Associate | \$399 | <input type="checkbox"/> |

| Standard Registration after July 6, 2018 | | |
|--|--------------|--------------------------|
| Member | \$550 | <input type="checkbox"/> |
| Student | \$199 | <input type="checkbox"/> |
| First Year Post-Graduate | \$350 | <input type="checkbox"/> |
| Non-Member Dentist | \$925 | <input type="checkbox"/> |
| Non-Member Associate | \$499 | <input type="checkbox"/> |

| Optional Event Costs | | |
|--|--------------|--------------------------|
| Hands-on Endodontic Session | \$199 | <input type="checkbox"/> |
| Savannah Supper Club - See Where AAWD Is Headed <i>Thursday, October 4th 7pm – 9pm</i> | \$42 | <input type="checkbox"/> |
| “Spa-rty” and Dinner Event <i>Friday, October 5th 7pm – 9pm</i> | \$95 | <input type="checkbox"/> |



2018 CONFERENCE REGISTRATION

| | |
|---|--------------------------|
| Full Conference Registration includes all of the following, except guest registrations | |
| Endodontic Lecture, Scheduling Workshops, Two Breakfasts, Sponsored Events, and the AAWD Awards Dinner* | |
| *Please check this box if you will be attending the AAWD Awards Dinner | <input type="checkbox"/> |

| Guest Registration: Registration prices do not apply | | | |
|---|--|--------------|--------------------------|
| Dinner Only - Adult | Access to the AAWD Awards Dinner | \$145 | <input type="checkbox"/> |
| Dinner Only – Child | Access to the AAWD Awards Dinner | \$65 | <input type="checkbox"/> |
| All Meals – Adult | Access to all non-academic meal functions, including two breakfasts and attendance to the AAWD Awards Dinner | \$345 | <input type="checkbox"/> |
| All Meals – Child | Access to all non-academic meal functions, including two breakfasts and attendance to the AAWD Awards Dinner | \$95 | <input type="checkbox"/> |

SELECT WORKSHOPS

Please select which workshops you would like to attend. There are two workshops on Friday, October 5th, that have sessions occurring at the same time. Only choose one session from the Endo Workshops and Scheduling Workshops for each time slot.

| Endodontic Workshops: | |
|--|--------------------------|
| Safety and Simplicity in Root Canal Instrumentation - Lecture (9am-12pm) | <input type="checkbox"/> |
| Safety and Simplicity in Root Canal Instrumentation – Hands On (\$199) (2pm-5pm) | <input type="checkbox"/> |
| Scheduling Workshops: | |
| The Art of Scheduling (9am-12pm) | <input type="checkbox"/> |
| Effective Case Acceptance (2pm-5pm) | <input type="checkbox"/> |

METHOD OF PAYMENT

Please complete all required fields below

| | | |
|--|----------|------|
| Total Payment Enclosed: | \$ _____ | |
| <input type="checkbox"/> Check #: | | |
| <input type="checkbox"/> Credit Card: | | |
| Name on card: | | |
| Card Number: | | |
| Expiration Date: | | CVV: |
| Email for Receipt: | | |
| <i>If paying by check, please make sure to write the full check number and indicate "2018 AAWD Conference Registration" in the memo.</i> | | |

REGISTRATION

Registration type is determined by the date the registration is postmarked, completed online, or faxed. Early Bird registration ends on **July 06, 2018**. Standard registration starts on **July 07, 2018**. Payment must accompany this registration form. When appropriate, a copy of a purchase order is sufficient.

CANCELLATIONS AND TRANSFERS

Any cancellations must be made in writing directly to the American Association of Women Dentists' National Office. If received by **September 13, 2018**, AAWD will apply a **\$50 administrative fee** and refund the remainder of registration fee after the conference. After **September 27, 2018**, no refund will be given. Registrations may be transferred with a \$50 administrative fee.

PHOTO/VIDEO RELEASE

By attending the AAWD Conference, you understand and accept that photographs or videos taken of you may be used by AAWD for promotional and/or educational purposes.