



American Association of Women Dentists
2019 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 June 16, 2019.

Early Bird Registration until June 16, 2019		
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"/>
Non-Member Dental Student	\$175	<input type="checkbox"/>

Standard Registration after June 16, 2019		
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"/>
Non-Member Dental Student	\$249	<input type="checkbox"/>






Optional Event Costs		
AAWD Supper Club – Phoenix Fiesta <i>Thursday, September 26th 7pm – 9pm</i>	\$42	<input type="checkbox"/>
Headshot Session (AAWD Members) <i>Saturday, September 28th 5pm – 7pm</i>	\$30	<input type="checkbox"/>
Headshot Session (Non-Members) <i>Saturday, September 28th 5pm – 7pm</i>	\$45	<input type="checkbox"/>
Hands-On Lunch and Learn (Active Members Only) <i>Friday, September 27th 1pm – 3pm (Only 30 Seats Available)</i>	\$0	<input type="checkbox"/>

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Full Conference Registration includes all of the following, except guest registrations	
Managing the Osteonecrosis At-Risk Patients Sleep Disordered Breathing: A Silent Epidemic Yoga Can Help! De-Stress, Relieve Pain, Calm Your Mind How to Control Success and Grow Your Practice in Your Own Economy Don't Just Survive It! How to Work, Play, Love, Lead and Last in Dentistry Control, Protocol, and Risk Management Seminar For Dental Professional Liability 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 and attendance to the AAWD Awards Dinner	\$345	<input type="checkbox"/>
All Meals – Child	Access to all non-academic meal functions and attendance to the AAWD Awards Dinner	\$95	<input type="checkbox"/>

METHOD OF PAYMENT	
<i>Please complete all required fields below</i>	
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 "2019 AAWD Conference Registration" in the memo.</i>	

Submit Payment to: AAWD National Office, 7794 Grow Drive, Pensacola, FL 32514-7072
 Telephone: 800-920-2293 | Fax: 850-484-8762 | Email: conference@aawd.org | Website: www.aawd.org

REGISTRATION

Registration type is determined by the date the registration is postmarked, completed online, or faxed. Early Bird registration ends on **June 16, 2019**. Standard registration starts on **June 16, 2019**. 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 **August 13, 2019**, AAWD will apply a **\$50 administrative fee** and refund the remainder of registration fee after the conference. After **August 26, 2019**, 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.