IADR GENERAL® SESSION
BOSTON, MASS., USA • MARCH 11-14, 2015

REGISTRATION FORM

DEADLINES: January 15, 2015 – Presenters
February 2, 2015 – Non-presenters

93rd General Session & Exhibition of the IADR • 44th Annual Meeting of the AADR
39th Annual Meeting of the CADR • Boston, Massachusetts

INSTRUCTIONS

1. A separate form must be completed for each registrant. Please photocopy this form if you need additional copies.
2. Register immediately online OR complete this form and submit it for processing.
3. Forms received without payment or after February 2, 2015, will be charged the on-site registration fees.
4. To register as a member, you must have activated or renewed your 2015 membership 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 at the time of registration. Membership applications are available online at www.iadr.org/membership. 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 pre-registration deadline date (full refund minus $50 cancellation fee), and refunds will be processed AFTER the meeting. A $20 processing fee will be deducted for any changes to existing registrations prior to the pre-registration deadline date.

RETURN TO
IADR/AADR
1619 Duke Street
Alexandria, VA 22314, USA

FAX
+1.703.548.1883

REGISTER ONLINE
www.iadr.org/iags

QUESTIONS?
Tel: +1.703.548.0066
Email: registration@iadr.org

Are you a Member? ☐ No or ☐ Yes, ID # __ __ __ __ __ __ __

Are you a Presenter? ☐ No or ☐ Yes, Abstract ID # __ __ __ __ __ __ __
(if you are a co-author, please select no)

REGISTRANT INFORMATION

First Name and Middle Initial (only your first name will appear on badge) _____

Last/Family Name (as it will appear on badge) _____

Company/Institution _____

Department _____

Street Address 1 _____

Street Address 2 _____

City _____ State/Province _____

Country _____ Postal Code _____

Telephone _____ Fax _____

Email _____

Emergency Contact's Full Name _____

Emergency Contact's Telephone Number _____

ACCOMPANYING PERSON(S) ($55 each)

1. First Name _____ Last/Family Name _____

2. First Name _____ Last/Family Name _____

3. First Name _____ Last/Family Name _____

NOTE: Meeting delegate's students, lab technicians, colleagues, past IADR/AADR members, co-authors, etc., do not qualify as accompanying persons and are required to pay the appropriate registration fee if they wish to attend.

LETTER OF INVITATION

☐ Yes, I require an official letter of invitation to initiate the visa process.

Full Name on Passport _____

Delegate's Date of Birth _____ (month/day/year) Passport # _____ Nationality _____

AP1: Date of Birth _____ Passport # _____ Nationality _____

Full Name on Passport _____

AP2: Date of Birth _____ Passport # _____ Nationality _____

Full Name on Passport _____

AP3: Date of Birth _____ Passport # _____ Nationality _____

Full Name on Passport _____

*Only registered delegates and accompanying persons attending the General Session are eligible to receive invitation letters.

All letters of invitation will be sent via email. If you require a printed letter please contact registration@iadr.org. Additional fees may apply.

All registration and event prices are in US Dollars.

REGISTRATION FEES PER PERSON

PRE-REGISTRATION (by February 2, 2015)

NOTE: All Presenters must pre-register by January 15, 2015!

- ☐ Member/Affiliate Member $520
- ☐ Nonmember $895
- ☐ Student Member $260
- ☐ Student Nonmember $445
- ☐ Retired Member $260

Accompanying Person $55 x ____ ppl = $_____

SUBTOTAL FOR PRE-REGISTRATION: $_____

ONSITE REGISTRATION (after February 2, 2015)

- ☐ Member/Affiliate Member $620
- ☐ Nonmember $995
- ☐ Student Member $310
- ☐ Student Nonmember $495
- ☐ Retired Member $310

Accompanying Person $55 x ____ ppl = $_____

SUBTOTAL FOR ONSITE REGISTRATION: $_____

SPECIAL EVENTS

(Visit www.iadr.org/iags for descriptions)

3rd IADR Academy: 21st Century Tools for Dental Research

(Tuesday, 9 a.m. – 6 p.m.)

- ☐ Member/Affiliate Member/Retired Member $95
- ☐ Student Member $75
- ☐ Nonmember $195
- ☐ I am interested in participating in the optional laboratory tour of Massachusetts General Hospital (attendance limited).

Dental Materials Group Reception

(Wednesday, 6:30 p.m.)

tickets ____ @ $50 per non-student=$_____

tickets ____ @ $40 per student=$_____

Hands-on Workshop

(included in registration fee, attendance limited)

- ☐ HOW #1: Wednesday, 1:30 a.m.
- ☐ HOW #3: Wednesday, 3:15 p.m.
- ☐ HOW #5: Thursday, 10:45 a.m.
- ☐ HOW #8: Friday, 10:45 a.m.
- ☐ HOW #11: Saturday, 10:45 a.m.

Lunch & Learning

☐ $65 (Thursday, 12:30 p.m.)

Tables #1-31. Please list your top two table choices for Lunch & Learning.

First choice _____ Second choice _____

Meet-a-Mentor

☐ $25 (Friday, 12:30 p.m.)

Tables #1-8. Please list your top two table choices for Meet-a-Mentor.

First choice _____ Second choice _____

A Luncheon Symposium: Opportunities in the National Dental Practice Based Research Network

Friday (12 p.m. – 2:30 p.m., attendance limited)

Meeting Attendee $20

Please visit www.iadr.org/iags and select your top 3 choices for breakout groups.

First Choice ___ Second Choice ___ Third Choice ___

SUBTOTAL FOR SPECIAL EVENTS: $_____

TOTAL AMOUNT DUE: $_____

PAYMENT INFORMATION

☐ Check for $ _____ enclosed (must be payable to IADR/AADR, in US dollars and drawn on a US bank)

☐ Charge $_____ *(American Express, MasterCard, or VISA only)*

Card #_____ Exp Date _____ Card Security ID #/CVV2_____

Cardholder's Name (print)_____

Cardholder's Telephone Number_____ Cardholder's Email _____

By signing this form, I verify that I have read and understand the IADR Meeting Refund Policy, located at www.iadr.org/iadrrefund.

Signature _____

BILLING ADDRESS

☐ Same as page 1

Street Address _____

City_____ State/Province_____

Country_____ Postal Code_____

IADR/AADR reserves the right to review each registration for the appropriateness of the selected registration category, make any necessary corrections and charge your credit card the difference in registration fees. For example, a full-time faculty member that chooses the Accompanying Person or Student rate will be corrected upon review.