**Registration Form** — *One registration form per person (Please print)*

Name _____

Address _____

City/State/Zip _____

Phone/Fax _____

E-mail _____

**Additional Registration Information**

Americans with Disabilities Act

❑ Audio ❑ Visual

I require a special meal: ❑ Vegetarian ❑ Kosher ❑ Other _____

## Spring 2015 CE Courses

### Comprehensive Review — Jan. 23–25

| | By Dec. 26 | After Dec. 26 | Subtotal |
|---|---|---|---|
| AAPD Member | $ 695 | $ 795 | $_____ |
| AAPD Student Member | $ 395 | $ 495 | $_____ |

### Contemporary Sedation — Feb. 19–March 21

| | By Jan. 19 | After Jan. 19 | Subtotal |
|---|---|---|---|
| AAPD Member | $ 895 | $ 995 | $_____ |
| AAPD Student Member | $ 395 | $ 495 | $_____ |
| Nonmember Dentist | $ 1,095 | $ 1,195 | $_____ |

### Simulation Course — Feb. 21–22

| | By Jan. 21 | After Jan. 21 | Subtotal |
|---|---|---|---|
| AAPD Member | $ 1,450 | $1,550 | $_____ |

**Total Amount Enclosed** $_____





## Registration Spring 2015 CE Courses

**Payment**

❑ American Express ❑ Discover

❑ MasterCard ❑ Visa

❑ Check made payable to AAPD is enclosed

**Card number** _____

**Expiration Date** _____

**Cardholder Name** _____

**Signature** _____

**Online** *http://www.aapd.org/events*

**Fax to** Meetings Department at:
(312) 337-6329

**Mail to** Delaware Place Bank
AAPD Lockbox
190 E. Delaware Place
Chicago, IL 60611

If paying by check, please make payable to the American Academy of Pediatric Dentistry.

**Cancellation**

Notice of cancellation must be made in writing and sent to: AAPD Meetings Department, 211 E. Chicago Avenue, Suite 1600, Chicago, IL 60611-2637, or faxed to (312) 337-6329 or e-mailed to Meeting & Education Coordinator, Jessica Vaughn, at *jvaughn@aapd.org*.

AAPD is not responsible for travel expenses or penalties under any circumstances.