2022 AADSM 30th ANNIVERSARY MEETING REGISTRATION FORM

AADSM ANNUAL MEETING 2022

Section 1 – Registration Information (type or print clearly)			
Name: (This will appear on the badge)			Degree(s):
Company:			
Address:			
City:	State:	Zip Code:	Country:
Telephone:	Email: (Required to receive confirmation)		
On-Site Mobile Number (Emergency Only):			
Is this your first time attending an AADSM Annual Meeting: ☐Yes ☐No			

Section 2 – Registration Types*	On or before 3/25	3/26- 5/6
☐ AADSM Member	$600	$650
☐ AADSM Member – Active Duty Military	$150	$175
☐ AADSM Student Member	complimentary	
☐ AADSM Team Member	$300	$325
☐ Nonmember	$775	$825
☐ Guest – Guest Name: (Family members only, guests must be 16 years of age, access to exhibit hall only)	$50	
* Includes admittance to general sessions, President's Reception, and the exhibit hall.		
Section 2 Total: $		

Section 3 – Membership Dues:
Not a member? Check a box below to join today and register for the meeting at the member rate.

- ☐ Regular Membership: $400**
- ☐ Team Member of AADSM Member Membership: $125
- ☐ Team Member of Nonmember Membership: $400
- ☐ Active-duty Military Membership: $50
- ☐ Academic Membership: $50
- ☐ Student Membership: Free (With completion of Student Membership Application)

Section 3 Total: $

**A copy of a valid dental/medical license must be submitted. Membership will be valid through December 31, 2022.

Section 4 – AADSM 30th Anniversary Gala

Join us on the evening of Saturday, May 14 in celebrating the 30th anniversary of the AADSM! This is a complimentary event, that will include 1 drink ticket (and cash bar), light food stations, and the opportunity to unwind after a day of learning! Please indicate if you will be attending the Gala. Registered guests are welcome to attend the Gala, however a drink ticket will not be included in their registration.

- ☐ Yes! I plan to attend.
- ☐ Yes! I plan to attend and bring my registered guest.
- ☐ I will not be attending.

Grand Total (Please total sections 2-3)	$0

Section 5 – Payment Method		
☐Check: Make payable to the AADSM (U.S. funds drawn on a U.S. bank)	Credit Card: (check one) ☐MasterCard ☐Visa ☐American Express ☐Discover	
Cardholder Name:		
Important: Only provide the credit card number on this form if you will be faxing it to us. If you will be emailing the form, please provide a phone number and we will call you for payment information.	Phone:	
Card Number:	Exp. Date:	Validation Code:
Billing Address Zip Code:		
Signature:		Date:

By submitting this registration form, the registrant/payer agrees to abide by the policies and disclaimers stated on the AADSM website.

PLEASE SUBMIT COMPLETED REGISTRATION FORM VIA:

Fax: (630) 686-9876

OR

Mail: American Academy of Dental Sleep Medicine, 1001 Warrenville Rd., Ste. 175, Lisle, IL 60532

OR

Email: annualmeeting@aadsm.org