

APRIL 6-9
2016

EARN UP TO
28 CE HOURS



EARLY REGISTRATION FORM

This form can only be used for registration postmarked before February 23, 2016. Designed for one registrant and guest(s), additional registrants (including Professional Staff) must duplicate the form.

AAE ID # _____

REGISTRANT'S INFORMATION

First Name _____		Last Name _____	
Nickname for Badge (if different from name above) _____			
Address _____			
City _____	State/Country _____	Zip/Postal Code _____	
Phone _____	Email _____		

GUEST INFORMATION

Complete this section only if you are registering a guest or child.

First Name _____		Last Name _____	
Guest _____	Child _____	Nickname for Badge: _____	
First Name _____			
Last Name _____		Nickname for Badge: _____	
First Name _____			
Last Name _____		Nickname for Badge: _____	

PAYMENT

Payment in full will be accepted in the form of a check made payable to the American Association of Endodontists or a credit card, and must accompany this registration form.

Check in U.S. funds (Checks must be clearly printed in U.S. dollars.)

Check Number _____	Check Date _____	Amount _____		
Credit Card: _____	Visa _____	MasterCard _____	American Express _____	Discover _____
Card Number _____	Exp Date _____	CVV Code _____		
Card Holder's Name (print) _____		Amount _____		
Signature _____		Date _____		

EARLY REGISTRATION PACKAGES / FEES

Visit aae.org/AAE16 for complete listing of registration packages.

Member Registration:	Professional	\$1,005
	Retired	\$503
	Active 1st Year	\$503
	Student	\$200
	Professional Staff	\$200
Nonmember Registration:	Professional Guest US	\$1,544
	Professional Guest Int'l	\$1,379
	Student Guest	\$1,125
	Professional Staff Guest	\$1,125

Add Guest Registration: _____ x \$125 = _____

Add Child (Ages 5-18) Registration: _____ x \$75 = _____

AAE WORKSHOPS

WEDNESDAY

Mandibular Molar Microsurgical Workshop, 8 a.m. - 12:30 p.m. \$795

THURSDAY

Mandibular Molar Microsurgical Workshop, 8 a.m. - 12:30 p.m. \$795

The Literature - How Do I Know If It Is Relevant and How Can I Use It in My Practice?, 1:15 - 4:45 p.m. \$75

FRIDAY

CBCT Diagnosis and Treatment Planning Workshop, 8 a.m. - noon \$795

Instrument Retrieval Workshop, 8 a.m. - noon \$795

CORPORATE WORKSHOPS

WEDNESDAY

Carestream Dental: 3D Imaging Hands-on Workshops

9:15 a.m. - 12:15 p.m. \$50

1:30 - 4:30 p.m. \$50

THURSDAY

J. Morita: Root ZX II OTR Module, 9:45 a.m. - 12:45 p.m. \$50

Coltene Endo: Experience the Newest Innovation in NiTi Rotary Files - HyFlexEDM, 1:45 - 4:45 p.m. \$50

ACTIVITY / EVENT TICKETS

All items marked with an (*) are included in the main registrant's package. All others must have a ticket.

THURSDAY

* President's Breakfast _____ x \$45 = _____

Louis I. Grossman Reception _____ x \$50 = _____

Guest Activity: Artesa Vineyards & Winery Tour and Lunch _____ x \$145 = _____

FRIDAY

Fun/Run Walk _____ x \$25 = _____

* Edgar D. Coolidge Luncheon _____ x \$65 = _____

REGISTRATION TOTAL DUE

\$ _____

AAE REGISTRATION

33 New Montgomery Street
Suite 1100
San Francisco, CA 94105

FAX COMPLETED

REGISTRATION FORM TO:
888-972-5406 (U.S., Canada or Mexico)
or 415-293-4395

QUESTIONS?

Call AAE REGISTRATION, 800-695-7732 or 415-979-2267 (9 a.m. - 9 p.m. EST).

Registrations cannot be taken over the phone.