



Academy of Operative Dentistry

ANNUAL MEETING, FEBRUARY 23-25, 2011

Annual Meeting Registration: includes essays, table clinics, business breakfast, two lunches, coffee break refreshments and gala evening reception with hors d'oeuvres. See program for details.

Note: REGISTRATION FEES FOR ALL CATEGORIES WILL INCREASE BY \$50.00 AFTER THE JANUARY 31st DEADLINE.

REGISTRATION INFORMATION:

Your Name: _____

Nationality/Country: US _____ Canada _____ Other: (please list) _____

Companion's Name (if attending): _____

Name(s) of others registering on this form: _____

Membership Category of Registrant(s)	Fee	Number Attending
Members of the Academy Any Member who registers guest/s at the same time receives a \$50 discount for every guest he or she registers.	\$795	
Guests of the Academy	\$995	
Student Members of the Academy	\$495	
**Non-member Students	\$595	
Technicians and Auxiliaries	\$995	
Technicians and Auxiliaries employed by Academy members	\$795	
TOTAL AMOUNT ENCLOSED		\$

Check or money order must be in U.S. Funds only, payable to the Academy of Operative Dentistry. If you prefer to pay with credit card you must do so online.

Signature: _____

Date: _____

** Those who apply to register as non-member students must be: undergraduate dental students, or civilian graduate students; or military graduate residents in programs of **2 year's duration or longer**. Anyone applying for registration in this category must submit a letter of verification from the appropriate department head with this registration form.

Refund Policy: Full refund prior to January 31st, 2011, and 1/2 refund from then until 1 week before the meeting.

Please return this form with your check or money order to:
**Academy of Operative Dentistry, Dr. Richard G. Stevenson III, Secretary,
P.O. Box 34425, Los Angeles, California 90034, U.S.A.**