

Academy for Sports Dentistry 2009 Annual Symposium

MAY 7-9, 2009 • CHICAGO, ILLINOIS

REGISTRATION INFORMATION

MEALS

Continental breakfasts on Thursday, Friday and Saturday mornings; lunch on Thursday and the reception on Friday evening are included in the full registration fee.

REGISTRATION BY MAIL

Registrations must be mailed along with your check or credit card payment to:
Academy for Sports Dentistry
118 Faye Street, P.O. Box 364, Farmersville, IL 62533 USA

Complete this form and mail with your check or credit card payment today! (please type or print)

Name _____ DDS or DMD Spouse If Attending _____

Address _____

City _____ State _____ Zip _____ Country _____

Office Number _____ Fax Number _____ E-mail _____

Affiliation _____

SYMPOSIUM 2009 - ACADEMY FOR SPORTS DENTISTRY, MAY 7-9, 2009

2009 SYMPOSIUM REGISTRATION FEES

(All Three Days): Attendees can claim up to 16 hours of CE for full participation

Members **ADAC-E-R-P** \$495.00

Non-members \$595.00

Hygienists, Dental Assistants, Athletic Trainers \$295.00

(Three Continental Breakfasts, Breaks, Recognition Luncheon, Presidents Reception and Workshops are included in full symposium fee)

Students \$ _____ Complimentary (meals are not included however tickets can be purchased separately)

WORKSHOPS Please reserve a spot for me in the following workshop

Suturing Workshop

Mouthguard Workshop

Optional Events: The following event tickets are included in the full symposium registration, however extra tickets can be purchased for these events for spouses and guests.

Recognition Luncheon \$60.00 x _____ Tickets = \$ _____

Presidents Reception \$70.00 x _____ Tickets = \$ _____

Optional Events: The following events are **NOT** included in the full symposium registration, however tickets can be purchased.

Friday, May 8, 2009

Box Lunch \$25.00 x _____ Tickets = \$ _____

Tour/Lunch \$65.00 x _____ Tickets = \$ _____

MAKE CHECKS PAYABLE TO:

Academy for Sports Dentistry or check appropriate credit card:

VISA MasterCard

Account # _____ Code _____ Expires _____

Name on Account _____

Billing Address _____

Signature _____ Date _____

REGISTRATION FEES

Checks must be in U.S. Funds. Credit card payments are accepted.

REFUND POLICY

A full refund, less a \$35.00 administrative fee, will be made up to three weeks prior to the symposium. No refunds after April 16, 2009.

Special accommodations _____

MEMBER BRING A COLLEAGUE

Any current ASD member who brings a non member dentist to the 2009 ASD Symposium will receive **10%** off of their registration fee for **each** non-member dentist that they bring. In addition, each non-member dentist sponsored by an ASD member will also receive the 10% discount.

Referred by _____ ASD Member Dentist

_____ of non-member dentists referred (see attached forms)

_____ % off of registration fee for non member referrals

10% discount for non member dentists who are attending with an ASD member.

In the event of a cancellation of a colleague you will be responsible for the 10% balance due on your registration fee.

Non member dentist registration fee must be paid at the same time as the member registration fees.



HOTEL RESERVATIONS

Overnight accommodations at the Hyatt Regency are available at a rate of \$239.00 per night. Please make your reservations directly with the Hyatt Regency Hotel, (312) 565-1234 or (800) 233-1234. Indicate you are attending the Academy for Sports Dentistry Symposium 2009. Or you may make your reservations on line at https://resweb.passkey.com/Resweb.do?mode=welcome_gi_new&groupID=139843. This special rate is in effect until April 3, 2009; however, we suggest you reserve early, as there is a limited number of rooms at the group rate.

Symposium registration fee \$ _____
Discount for referral program _____% \$ _____
Additional tickets for optional events \$ _____
TOTAL AMOUNT ENCLOSED \$ _____

Please return form as soon as possible to:

Symposium 2009
Academy for Sports Dentistry

118 Faye Street • P.O. Box 364 • Farmersville, IL 62533 USA

www.sportsdentistry-asd.org