

# 2010 AADC/NDEDIC Joint Meeting

May 6-8 • Marriott Mission Valley • San Diego, California

**Please Print**

Registrant Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Guest Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Mail form with payment to:**

American Association of Dental Consultants  
 10032 Wind Hill Dr., Greenville, IN 47124  
 Fax with credit card payment to 812-923-2900  
 800-896-0707 or 812-923-2600  
**No phone registrations accepted.**

*Please advise if you, or anyone attending with you, have special dietary needs or require other services.*

**Discounted Group Registrations!**

New this year- Companies/Dental Plans registering 4 or more representatives can take advantage of special savings.

- One (or more) AADC Member must be included in each registering group.
- Each representative will submit a separate registration form.
- The  **3 Day Registration Fee**  for each registrant will be reduced by \$50.
- All registrations from one plan/company must be submitted together with ONE form of payment.

Don't forget to indicate your attendance at each function listed below!

**# Circle the number signs (#) of the events you plan to attend.**

Your  **3 Day Registration Fee**  includes Welcome Reception, all CE courses, continental breakfast and lunch Thurs - Sat.  
 The  **Single Day Registration Fee**  includes the CE course, continental breakfast and lunch for that day.

**Ticketed events are first-come, first-served.**

	3 DAY FEE			Wed Golf	Thurs single day fee	Thurs Lunch	Thurs Welcome Recept.	Fri single day fee	Fri Lunch	Fri Pres Dinner	Sat single day fee	Sat Lunch	Sub Totals
	Thru Feb. 28	Mar. 1 - Apr. 1	After Apr. 1										
AADC Member	\$525	\$575	\$625	\$145*	\$250	#	#	\$225	#	\$100	\$175	#	
CADP Member	\$525	\$575	\$625	\$145*	\$250	#	#	\$225	#	\$100	\$175	#	
NADP Member	\$525	\$575	\$625	\$145*	\$250	#	#	\$225	#	\$100	\$175	#	
Guest/Spouse	\$0	\$0	\$0	\$145*		\$40	#		\$40	\$100		\$35	
Non-Member	\$750	\$800	\$850	\$145*	\$350	#	#	\$325	#	\$100	\$200	#	
Dental Student	<i>Register at single day rates</i>			\$145*	\$65	#	#	\$0	#	\$100	\$65	#	

\* Lunch is included in your Golf fee if you register BEFORE March 15!

**Sub Total \$ \_\_\_\_\_**

**Where did you hear about this meeting? (circle one)**

Word of Mouth    Ad    Publication    Calendar    Other

**Group discount, if applicable - \$50**

**TOTAL \$ \_\_\_\_\_**

**Payment Information:**

I have enclosed check # \_\_\_\_\_ as payment.

Please charge my VISA    MASTERCARD    DISCOVER (circle one)

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code (on back of card): \_\_\_\_\_ Signature: \_\_\_\_\_

***DO NOT mail or fax this form after April 20. Please bring the completed form to the meeting and register on-site.***

**Cancellation Policy:** All refund requests must be in writing. Full refund, less a \$50 per person administrative fee, will be issued for cancellations received on or before April 20 and a 50% refund, less the administrative fee, if received April 21 through April 27. No refunds will be issued for cancellations received thereafter. Refunds will be processed within 30 days after the meeting.