



Alliance of the American Dental Association

CONVENTION 2010 REGISTRATION FORM

REGISTRANT INFORMATION

Name _____
 Badge Name (Nickname) _____
 Address _____
 City, State Zip _____
 Phone _____
 Fax _____
 E-mail _____

Special Information (check all applicable)

- I am a first-time convention attendee
- I am an ADPAC member
- I am a Component President
- I am a FDHE board member
- I am accepting a Member Project Award
- I am accepting a Neff Award
- I have dietary/accessibility needs:

- I need a roommate. I arrive on _____

Registration/House of Delegates Credential Category (CHECK ONLY ONE)

- AADA Board of Directors
- AADA Advisory Council
- AADA Past President
- Constituent President
- Delegate
- Alternate
- AADA Member or Special Guest

EVENT TICKETS

You must register for events even if there is no charge.

Date	Event	Cost Per Person	# Tickets	Total
Sat, October 9	Neff Awards Luncheon	\$58.00	<input type="text"/>	\$ _____
Sun, October 10	ADPAC/Member Project Awards Breakfast	No Charge	<input type="text"/>	\$ 0.00
Sun, October 10	Presidential Reception	No Charge	<input type="text"/>	\$ 0.00

TOTAL: \$ _____

PAYMENT

Check (payable to AADA) MasterCard Visa Account Number _____
 Expiration Date ____/____/____ Verification Code _____ (last 3 digits on reverse side of card)
 (\$15.00 fee will be charged for credit card cancellations)

Registration Deadline: September 10, 2010

(A \$25.00 late fee will be charged for registrations received after this date and for all on-site registrations.)

Mail to: AADA, 211 E Chicago Ave, Suite 730, Chicago, IL 60611

If paying by credit card, you may fax this form to (312) 440-2587