



AMERICAN ACADEMY
OF IMPLANT
DENTISTRY



ANNUAL EDUCATIONAL CONFERENCE

NOVEMBER 5-8, 2014

HYATT REGENCY ORLANDO (formerly The Peabody Orlando)
ORLANDO, FLORIDA

SPECIAL RATES AVAILABLE UNTIL MARCH MANIA 2014 - March 31, 2014

A separate registration form must be completed for each attendee, including office staff, spouse, family members and guests. Please print clearly or type. Any corrections, modifications or additions must be submitted in writing.

CONTACT INFORMATION (Please write legibly.)

Last Name: _____ First Name: _____ Degree(s): _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

NPI#: _____ Badge Name: _____

AGD Member #: (Required if AGD Member registering at AAID Member rates) _____

AAID provides exhibitors with a list of registrants prior to and after the meeting. Check here if you want to be excluded from that list.

Meeting Registration Until March Mania	By			After
	3/31/14	9/23/14	9/23/14	
____ AAID Associate Fellow/Fellow/Diplomate*	\$1045	\$ 1145	\$1245	
____ AAID General Member*	\$1095	\$ 1195	\$1295	
____ AGD Member*	\$1095	\$ 1195	\$1295	
AGD Member # required				
____ NonMember PLUS! Dentist *	\$1245	\$1345	N/A	
[2014 AAID Membership PLUS Registration]				
____ Nonmember*	\$1445	\$1545	\$1645	
____ Technician	\$ 395	\$ 395	\$ 445	
____ Life & Retired Member	\$ 295	\$ 295	\$ 295	
____ Office Staff	\$ 395	\$ 395	\$ 445	
Doctor's Name _____				
____ Student	\$ 150	\$ 150	\$ 150	
____ Spouse Name _____	\$ 295	\$ 295	\$ 295	
____ Guest Name _____	\$ 295	\$ 295	\$ 295	

* Includes one (1) President's Celebration ticket

METHOD OF PAYMENT

Amount enclosed or to be charged \$ _____
 Check Enclosed Visa MasterCard American Express Discover
 Card No. _____
 Card Exp. Date: _____ Security Code: _____
 Signature: _____

Send check, payable in US\$, and this form to the AAID:
 American Academy of Implant Dentistry, c/o Delaware Place Bank, Dept. 350
 190 Delaware Place, Chicago, IL 60611

Or register online at www.aaid.com.

Or you may fax your form to 312.335.9090.

American Academy of Implant Dentistry • 211 East Chicago, Ave., Suite 750
 Chicago, IL 60611 • P: 312.335.1550 or 877.335.AAID

All refunds are subject to a \$50 administrative fee regardless of when requested or the reason. Requests for refunds must be made in writing and received by October 1, 2014 for a full refund (less the \$50 administrative fee). Between October 2, 2014 and October 9, 2014, a 50% refund (less the \$50 administrative fee) will be given. **Due to advance commitments to the hotel, no refunds will be made after October 9, 2014.**



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American Academy of Implant Dentistry is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of Dentistry. American Academy of Implant Dentistry designates this activity for 18 continuing education credits.

ADA CERP® | Continuing Education
Recognition Program



Approved PACE Program Provider
FAGD/MAGD Credit

Approval does not imply acceptance
by a state or provincial board of
dentistry or AGD endorsement.

The current term of approval extends
from June 1, 2012 to May 31, 2015
Provider ID# 214696