

ONSITE REGISTRATION FORM

CONTACT INFORMATION

First Name:		Last Name:	
Preferred First Name for Badge:		Email:	
Practice Name:		Title:	
Practice Phone:	Mobile Phone: <input type="checkbox"/> I would like to receive text message updates during the AADOM Conference.		
Practice Address:			
City:	State:	Zip:	
Emergency Contact Name:		Emergency Contact Phone:	

ADDITIONAL INFORMATION

I am a/an: <input type="checkbox"/> Office Manager/Practice Administrator <input type="checkbox"/> Front Office Team Member <input type="checkbox"/> Other – please specify:				<input type="checkbox"/> Dentist <input type="checkbox"/> Consultant	
Type of Practice: <div> <input type="checkbox"/> General Dentistry <input type="checkbox"/> Cosmetics <input type="checkbox"/> Endodontics <input type="checkbox"/> Implant <input type="checkbox"/> Hospital <input type="checkbox"/> Non-Profit <input type="checkbox"/> Oral Surgery <input type="checkbox"/> Orthodontics <input type="checkbox"/> Pediatrics <input type="checkbox"/> Periodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> TM-Disorders <input type="checkbox"/> Multi-Specialty <input type="checkbox"/> Other – please specify: </div>					
How did you hear about the conference? <div> <input type="checkbox"/> Member Email <input type="checkbox"/> The Observer <input type="checkbox"/> AADOM Insights E-Newsletter <input type="checkbox"/> At AADOM Conference <input type="checkbox"/> AADOM Website <input type="checkbox"/> Mail <input type="checkbox"/> From my dentist <input type="checkbox"/> From another company <input type="checkbox"/> Other – please specify: </div>					
Are you a Fellow of the American Association of Dental Office Managers (FAADOM)?					
Will you be bringing any guests to the FAADOM Induction Ceremony? If so, how many?			Are other team members from your practice attending this conference?		
How many conferences have you attended:			Special Requests/Dietary Needs:		

MEMBERSHIP INFORMATION

Are you a member of AADOM:	AADOM Member #:
<input type="checkbox"/> I am not a member but I would like to purchase a one-year AADOM membership for \$99 (registration special) *If you are becoming a member please indicate what you would like your username and password to be below.	
Username:	Password:

REGISTRATION TYPE

Please select your attendee type:	General Tuition	Ultimate Education Package Price valid through conference
AADOM Member	<input type="checkbox"/> \$899.00	<input type="checkbox"/> \$1195.00 <input type="checkbox"/> Novice Program <input type="checkbox"/> Advanced Program
AADOM Non-Member	<input type="checkbox"/> \$959.00	<input type="checkbox"/> \$1195.00* Novice Program

** The Ultimate Education Package for Non-Members includes a one-year membership*

SCHOLARSHIP FUND DONATION

<input type="checkbox"/> AADOM Scholarship Fund:	<input type="checkbox"/> \$25 Donation <input type="checkbox"/> \$50 Donation <input type="checkbox"/> \$100 Donation
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POLICIES

*Please indicate your acceptance of these policies by checking the "I accept" box under each section.

As a courtesy to all conference attendees, ADDOM does not allow children under the age of 18 in designated conference spaces. Cellular phones, pagers or any other communication devices must be turned to off or silent in all meeting and function rooms. No exceptions will be made. In addition, no videotaping, photographing or other recordings of conference sessions will be allowed.

☐ ***I accept**

Photo Release

I acknowledge that photographic, video and/or other images and/or sound recordings of me may be made while attending the 2013 AADOM Conference. I voluntarily and without further consideration, grant to AADOM the full and unrestricted right to use my name and any and all of those images and/or recordings (edited as AADOM, in its sole discretion, deems necessary) for trade, advertising and marketing purposes.

☐ ***I have read the photo disclaimer and agree**

Hold Harmless Policy

Please note that by voluntarily participating in this event, all consultants and guests agree that AADOM, its officers, directors, employees and shareholders are not responsible for any injury, damage, loss or harm suffered during or as a result of the event. Consultants and guests expressly waive any claim for liability for any reason whatsoever for any loss or damage, regardless of the cause. Thank you for understanding that it is the responsibility of consultants and guests to have appropriate insurance or otherwise protect themselves and their property against any loss or damage.

☐ ***I have read the hold harmless policy and agree**

CONFERENCE PAYMENT

Please proceed to the registration desk to provide payment information and complete your registration.