AADA Conference 2012 Registration Form

April 11-14, 2012 Stone Mountain, GA

Name _____ Badge First Name/Nickname _____

Home address _____ City, State, Zip _____

Phone _____ Cell _____ Fax _____

E-mail _____

Spouse's name (if attending) _____

Check below if you hold a current Leadership Position(s)

	Constituent	Component
DHE Chair	☐	☐
Legislative Chair	☐	☐
Membership Chair	☐	☐
President	☐	☐
President-Elect	☐	☐
Treasurer	☐	☐
Other_____	☐	☐

Special information (check all that apply)

- ☐ I am a first-time attendee
- ☐ I would like a Conference Mentor
- ☐ I am accepting the Spencer Award
- ☐ I am a Conference Grant Recipient
- ☐ I am a Conference Scholarship Recipient
- ☐ I have dietary restrictions or food allergies _____
- ☐ I need a roommate.

Flight ARRIVES:_____ **Flight DEPARTS:** _____

Date Time Flight # *Date Time Flight #*

☐ I have accessibility needs. _____

DATE	EVENT	FEE	# TICKETS	TOTAL
	Conference Registration Fee FOR EACH ATTENDEE			
	Alliance Member	$ 30 each x	_____	= $ _____
	NON-Alliance Member	$ 35 each x	_____	= $ _____
Wed, April 11	Board of Directors Progressive Dinner (spouses welcome)	$ 30 each x	_____	= $ _____
Thurs, April 12	Antebellum Trail Tour *(lunch included)*	$ 90 each x	_____	= $ _____
	Dental Office Visit *(same time as Tour)*	*No Charge* x	_____	= $ _____
	Orientation - First Time Attendee/Student Spouse	*No Charge* x	_____	= $ _____
	Student Spouse Gathering	*No Charge* x	_____	= $ _____
Fri, April 13	Continental Breakfast & 2 refreshment breaks	$ 40 each x	_____	= $ _____
	District Meeting Lunch: Full Buffet **OR** Soup/Salad/Dessert	$25/18 each x	_____	= $ _____
	Dental CE *(lunch included)* with Dr Ronnie Weathers	$125 each x	_____	= $ _____
	Cocktail Buffet Reception at Carlos Museum	$ 90 each x	_____	= $ _____
Sat, April 14	ADPAC/Legislative Advocacy Breakfast	*No Charge* x	_____	= $ _____
	Buckhead the Beautiful Tour *(lunch included)*	$ 95 each x	_____	= $ _____
	Golf Scramble	$TBD each x	_____	= $ _____
	Tennis Round Robin	$TBD each x	_____	= $ _____
	Dinner honoring Beulah K Spencer Award Recipients	*No Charge* x	_____	= $ _____
	Late Fee *(submitted after March 23, 2012)*	**$ 25**	_____	= $ _____
	GRAND TOTAL	**# TICKETS**	_____	= $ _____

PAYMENT ☐ My check, payable to AADA, is enclosed. ☐ Charge the following credit card: ☐ VISA ☐ MasterCard

CARD # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ EXP DATE ☐☐/☐☐

SIGNATURE_____ VERIFICATION CODE (last 3 #'s on card back) ☐☐☐

Mail this form with payment to the Alliance of the American Dental Association, 211 E. Chicago Ave., Suite 730, Chicago, IL 60611. Registrations received after **March 23, 2012** will incur a $25 late fee. **Paying by credit card? You may fax this form to 312.440.2587.** *Do you have questions about an event or other details?* Call Trish at Central Office, 800.621.8099 EXT 2865, or visit <www.AllianceADA.org>