

34th Annual Conference  
*JW Marriot Hill Country Resort & Spa*  
*San Antonio, Texas*



October 20-23, 2010

**Conference REGISTRATION FORM** please print

*(Onsite registration only after October 1, 2010)*

Each participant must complete a separate registration form including contact information. Guest's names should be added to the attendee registration. Hotel registration is separate.

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ AGD# \_\_\_\_\_

Name on Badge \_\_\_\_\_ Special Needs \_\_\_\_\_

Guest Name (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Guest Information**

Guests may register to attend meal and social functions only. Please include payment for your guests. If your guest is also in the dental profession, please register him/her as a dental professional so he/she will have access to courses.

**Tuition** (All fees are in US Dollars)

Tuition includes (3) days of seminars, breakfasts, luncheons, exhibits, welcoming reception, gala buffet reception, and Saturday evening dinner/dance. Hands-on workshops are separate and must be registered and paid for in advance. Course description and codes for Hands-on Workshops are available on the website at [www.ASDAToday.com](http://www.ASDAToday.com), in the brochure or by calling the ASDA registration office. 888-988-ASDA (2732). Refunds prior to October 1, 2010 will be subject to a \$100 cancellation fee. There will be no refunds after October 1, 2010. No pro-rated daily fee schedule.

Conference Events	Registration Fees	Quantity	Total Amount
ASDA Member	1095.00		
Non-Member	1195.00		
Dental Team Member	475.00		
Recent Graduate (05-10)	695.00		
Spouse/Guest	475.00		
Golf	225.00		
Hands-on Workshop Thursday	50.00 ea.	Code #	
Hands-on Workshop Friday	50.00 ea.	Code #	
Hands-On Workshop Saturday	50.00 ea.	Code #	
		<b>Total Enclosed</b>	

Check Enclosed \_\_\_\_\_ (payable to ASDA) Credit card security code \_\_\_\_\_

Credit Card MC \_\_\_\_\_ Visa \_\_\_\_\_ AMEX \_\_\_\_\_ Credit card billing zip code \_\_\_\_\_

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

Card holder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Fax each form with credit card payment to ASDA at 614-430-8995  
 Mail check payments to  
 American Society for Dental Aesthetics Conference Registration  
 1080 Polaris Pkwy Suite 130  
 Columbus OH 43240