

Rally at the Ridge 2008

The 32nd Annual Conference of the American Society for Dental Aesthetics



*JW Marriott Desert Ridge Resort & Spa
Phoenix, Arizona*

October 22-25, 2008

CONFERENCE REGISTRATION FORM please print

(Onsite registration only after October 10, 2008)

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 the 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, in the brochure or by calling the ASDA registration office at 888-988-ASDA (2732). **There will be no refunds after October 10, 2008.** No pro-rated daily fee schedule is available.

Conference Events	Registration Fees	Quantity	Total Amount
ASDA Member	\$ 1,095.00		
Non-Member	\$ 1,195.00		
Dental Team Member	\$ 495.00		
Recent Graduate (00-06)	\$ 695.00		
Spouse/Guest	\$ 425.00		
Golf-Friday Afternoon	\$ 225.00		
Hands-on Workshop-Thursday	\$ 50.00	Code #	
Hands-on Workshop at the <i>Scottsdale Institute</i> with Paul Belvedere-Friday Afternoon	\$ 90.00		
Hands-On Workshop-Saturday	\$ 50.00	Code #	
		Total Enclosed	

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