



Meeting Registration

Catch the CAD/CAM Wave

Loews Coronado Bay Resort & Spa

4000 Loews Coronado Bay Road

Coronado, California 92118

May 27-30, 2009



SAN DIEGO 2009

Tuition US Dollars	No. Attending		Total
\$1395		ACCD Member	
\$1765		Non-ACCD Member	
\$675		Staff with or without Doctor	
\$500		Spouse/Guest (meals and all evening events only)	
\$150		Additional Dinner/Show tickets (For Non-registered Attendees)	
<p>Patterson \$1000 voucher can be used! If using Patterson \$1000 coupon, please submit original with registration</p>			
<p>All registrations include: Wednesday 'Welcome Reception' Friday 'President's Dinner/Show' Thurs, Fri and Sat- Breakfast, Lunch and Exhibit Hall Socials</p>			
<p>EARLY REGISTRATION (before November 15, 2008) save \$100.00</p>			
<p>Make check payable to ACCD or fill out the credit card information below. Out of country checks must indicate funds are USD. A \$50.00 fee will be incurred for all returned checks</p>			\$
<p>GRAND TOTAL</p>			

Make hotel registrations directly with the hotel by calling in house reservations at 1-800-815-6397.
 Inform the Hotel that you are booking for the ACCD Meeting to get our discounted rate.
 Our convention rate is \$239.00, plus taxes. Reservations must be made by April 27, 2009 to receive special meeting prices.

Please help us keep mailing costs down by providing your legible e-mail address

_____ @ _____

Name: _____ Title: _____ Badge Name: _____

Guest / Staff Name: _____ Title: _____ Badge Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone _____

Credit Card Info:

Card # _____
 Name on Card _____ Circle One Visa Master Card American Express Expiration date _____

CW Code _____

Signature _____ Date _____

Mail or FAX to: P O Box 19700, San Diego, CA 92159
 (Fax) 619-466-0999 www.acadcamdent.com (Telephone) 800-836-2484

Registration

Doctors, lab techs, students & more can apply for membership or register for our annual meeting by:

Online: Visit acadcamdent.com and click on join ACCD to apply for membership.

Via Fax: (619) 466-0999

E-Mail: meetinginfo@acadcamdent.com

By Mail: P.O. Box 19700 San Diego, CA. 92159

When sending payment via mail or fax, be sure to include **complete** payment information. No over the phone applications or registrations will be accepted.

Enrollment

Please include a title with every registered attendant

Our definition of a Doctor is a dentist with a DDS or DMD licensed to practice dentistry in this country or any other country, whether as an individual, an associate, or an employee of a dental practice.

Our definition of a Staff Member is an individual in a dental office acting as an office manager, dental assistant, registered dental assistant, or hygienist. Doctors are not considered Staff Members or Guests.

Tuition/Membership Dues

All tuition & Dues are quoted and to be paid in US currency.

We do not anticipate any changes in 2008/2009 tuition & or dues, however increases may occur without notice. Please confirm the current rates when applying for membership or meeting registration. Tuition for meetings must be paid in full 60 days prior to the scheduled meeting date. **Membership dues are non -refundable.**

Payment

For your convenience we accept Visa, Master Card, Discover, Diner's Club, American Express, Checks and Cash. **A \$50 fee will be incurred for returned checks.**

Meeting Availability

The Academy of CAD/CAM Dentistry reserves the right to change any scheduled meeting dates up to 21 days before the scheduled start date and will refund all payments in such cases.

Meeting Cancellation Policy

Cancellations must be made in writing no less than 90 days prior to the scheduled meeting date via fax to (619) 466-0999 or email @ meetinginfo@acadcamdent.com. All meeting refunds will be given, less the \$85 service fee. If any cancels are made within 90 days of the meeting 50% of the tuition is forfeited. Cancellation made within 45 days of the meeting will forfeit tuition.

These policies are strictly enforced.

There are no posts meeting refunds.

I have read, understand and agree to the terms and conditions/refund policies.

Signature

Date