



College of Diplomates of the American Board of Orthodontics

REGISTRATION FORM

Courses and Annual Luncheon held during the 2009 AAO Annual Session in Boston

Confirmation Address: Badge Name: _____
 Check all that apply: Board-Certified College Member Resident
 University (if Resident): _____
 Office Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 e-mail: _____

FAX with payment to:
636-244-1650

MAIL with payment to:
The College of Diplomates
3260 Upper Bottom Rd.
St. Charles, MO 63303

QUESTIONS:
Phone: 636-922-5551
e-mail: cdabo@charter.net

EVENT	REGISTRATION	BY 4/15	AFTER 4/15	TOTAL
Written Exam Prep Course (Lunch on own)	<input type="checkbox"/> Register Prep Course _____ Fri. (5/1) 8:00 am - 4:00 pm	\$200 Residents: Half Price	\$225	
Model Measurement Refer to mailed confirmation for assigned time and location <u>Must bring Calibration Kit</u> <u>(Order from ABO)</u>	<input type="checkbox"/> Register, Preference of time: _____ Thurs. (4/30) 2:30 pm - 6:00 pm _____ Fri. (5/1) 8:00 am - 11:30 am Year Grad. Ortho: _____	\$250 Residents: Half Price	\$275	
Discrepancy Index & Cast Evaluation Refer to mailed confirmation for assigned time and location Prerequisite: Model Measurement Course <u>Must bring your own set of Pre-Treatment Models AND one set of Post Treatment</u>	<input type="checkbox"/> Register, Preference of time: _____ Fri. (5/1) 8:00 am - 9:00 am _____ Fri. (5/1) 9:15 am - 10:15 am _____ Fri. (5/1) 10:30 am - 11:30 am _____ Fri. (5/1) 1:00 pm - 2:00 pm _____ Fri. (5/1) 2:15 pm - 3:15 pm _____ Fri. (5/1) 3:30 pm - 4:30 pm _____ Sat. (5/2) 2:00 pm - 3:00 pm _____ Sat. (5/2) 3:15 pm - 4:15 pm	\$300 Residents: Half Price	\$325	
"Mock" Board Case Oral Exam Refer to mailed confirmation for assigned time and location	<input type="checkbox"/> Register, Preference of time: _____ Sun. (5/3) 8:00 am - 10:00 am _____ Sun. (5/3) 9:00 am - 11:00 am _____ Sun. (5/3) 10:00 am - Noon _____ Sun. (5/3) Noon - 2:00 pm _____ Sun. (5/3) 1:00 pm - 3:00 pm	\$1000 Residents: Half Price	\$1100	
Annual College Luncheon Must register by April 15th. Tickets <u>may NOT</u> be available onsite.	<input type="checkbox"/> Register for Lunch <input type="checkbox"/> Guest _____ _____ Sat. (5/2) Noon - 1:30 pm	\$60 \$60	\$65 \$65	

Refunds will be given, less a \$25 administrative fee per person, if cancellation request is received by April 15, 2009. Registration payment must be received by April 15, 2009 to qualify for the early rate. Registration is limited to first-come, first-served, based on availability. The College reserves the right to cancel an event due to lack of registrations. If so, a full refund will be issued.

Payment:

Check Enclosed (Payable to College of Diplomates)

Visa / MasterCard / American Express Signature: _____

Card #: _____ Exp. Date: _____

Total Due: _____