

AADMD Registration Form (part 1 of 2)

Print clearly on both sides of this form to complete the registration process.

Please fill in every field so that we may have the correct information for your registration materials and name badge.

First and Last Name: _____

Credentials: _____

Preferred First Name (for your name badge): _____

Work Mailing Address

Employer: _____

Address: _____

City/State/Zip/Country: _____

Home Mailing Address

Address: _____

City/State/Zip/Country: _____

Please use my (circle one): Work Mailing Address Home Mailing Address

Home Phone: _____ Work Phone: _____

AADMD Member No: _____ Expiration Date: _____

E-mail Address: _____

Medical License No: _____ State: _____

Breakout Session Preferences

Read the Breakout Session descriptions in this brochure before marking your selections (one in each column).

Sunday, May 10th AM Breakouts	Sunday, May 10th PM Breakouts	Monday, May 11th AM Breakouts	Monday, May 11th PM Breakouts
<input type="checkbox"/> 1A <input type="checkbox"/> 1C <input type="checkbox"/> 1B <input type="checkbox"/> 1D	<input type="checkbox"/> 2A <input type="checkbox"/> 2C <input type="checkbox"/> 2B <input type="checkbox"/> 2D	<input type="checkbox"/> 3A <input type="checkbox"/> 3C <input type="checkbox"/> 3B <input type="checkbox"/> 3D	<input type="checkbox"/> 4A <input type="checkbox"/> 4C <input type="checkbox"/> 4B <input type="checkbox"/> 4D

Conference Manual Preference (you must indicate now)

Printed manuals will not be distributed at the conference. Flash drives and CD will be available free at the conference if you pre-order with registration. You may print out a free manual from the DDNA website beginning April 6th. If you prefer a bound manual, you may purchase one from the printer beginning April 6th. Visit www.ddna.org/conference/manual for details.

<input type="checkbox"/> I will purchase my manual directly from printer prior to the conference (\$25)	<input type="checkbox"/> I will print my manual free from website (beginning April 6th)	<input type="checkbox"/> Please have a manual on a flash drive available for me at the conference.	<input type="checkbox"/> Please have a manual on a CD available for me at the conference.
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AADMD Registration Form (part 2 of 2)

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CONFERENCE REGISTRATION FEES:

Registration includes admission to all sessions. Included in the registration fee are the reception, continental breakfasts, luncheons, and refreshment breaks. Pre-conference registration is additional. **Cancellation Policy:** Registrants cancelling by April 23, 2009 will receive a full refund minus a \$45 administrative fee. Cancellation by April 30, 2009 - 50% of fees paid will be refunded. No refunds after May 1, 2009.

	Advance (Postmarked by 4/4/09)	Regular (Postmarked 4/5/09 to 4/23/09)	Late/On-Site (Postmarked 4/24/09 and after)
AADMD MEMBER			
AADMD 2009 Conference (May 10-12)	<input type="checkbox"/> \$395	<input type="checkbox"/> \$440	<input type="checkbox"/> \$475
Add: Pre-Conference (Saturday, May 9)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$160	<input type="checkbox"/> \$170
NON-AADMD MEMBER			
AADMD 2009 Conference (May 10-12)	<input type="checkbox"/> \$485	<input type="checkbox"/> \$530	<input type="checkbox"/> \$565
Add: Pre-Conference (Saturday, May 9)	<input type="checkbox"/> \$160	<input type="checkbox"/> \$170	<input type="checkbox"/> \$180
SINGLE DAY OPTIONS			
Pre-Conference Only (May 9)	<input type="checkbox"/> \$180	<input type="checkbox"/> \$190	<input type="checkbox"/> \$200
member	<input type="checkbox"/> \$205	<input type="checkbox"/> \$215	<input type="checkbox"/> \$225
non-member			
Sunday Sessions (May 10)	<input type="checkbox"/> \$180	<input type="checkbox"/> \$190	<input type="checkbox"/> \$200
member	<input type="checkbox"/> \$205	<input type="checkbox"/> \$215	<input type="checkbox"/> \$225
non-member			
Monday Sessions (May 11)	<input type="checkbox"/> \$180	<input type="checkbox"/> \$190	<input type="checkbox"/> \$200
member	<input type="checkbox"/> \$205	<input type="checkbox"/> \$215	<input type="checkbox"/> \$225
non-member			
Tuesday Sessions (May 12)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$110	<input type="checkbox"/> \$120
member	<input type="checkbox"/> \$125	<input type="checkbox"/> \$135	<input type="checkbox"/> \$145
non-member			

GUEST REGISTRATION (meals and reception only)

Guest Name (first, last): _____ \$150

Includes admission to meals and Saturday evening reception. Does not include education sessions or special ticketed events.

TOTAL AMOUNT ENCLOSED: _____

For Payment by Check

Make checks payable in US\$ to DDNA.

Mail completed form and payment to:

DDNA 2009 Conference,
PO Box 536489, Orlando, FL 32853-6489

For Payment by Credit Card

Register by Phone: Toll-free (800) 888-6733

Register by Fax: (407) 426-7440 (do not fax CC number)

Register Online: www.DDNA.org/pages/conference