



# College of Diplomates of the American Board of Orthodontics REGISTRATION FORM

Courses and Annual Luncheon during the 2010 AAO Annual Session in Washington, D.C.

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
<b>Model Measurement</b> 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: _____ Fri. (4/30) 8:00 am - Noon _____ Sun. (5/2) 8:00 am - Noon Year Grad. Ortho: _____	<b>\$275</b> <b>Residents: Half Price</b>	<b>\$300</b>	
<b>Discrepancy Index &amp; Cast Evaluation</b>  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, Rank Preference: (1=1st pick, 2=2nd pick, 3=3rd pick) _____ Fri. (4/30) 1:00 pm - 2:00 pm _____ Fri. (4/30) 2:15 pm - 3:15 pm _____ Fri. (4/30) 3:30 pm - 4:30 pm _____ Sun. (5/2) 1:00 pm - 2:00 pm _____ Sun. (5/2) 2:15 pm - 3:15 pm _____ Sun. (5/2) 3:30 pm - 4:30 pm	<b>\$325</b> <b>Residents: Half Price</b>	<b>\$350</b>	
<b>"Mock" Board Case Oral Exam</b>  Refer to mailed confirmation for assigned time and location	<input type="checkbox"/> Register, Rank Preference: (1=1st pick, 2=2nd pick, 3=3rd pick) _____ Sat. (5/1) 8:00 am - 10:00 am _____ Sat. (5/1) 9:00 am - 11:00 am _____ Mon. (5/3) 8:00 am - 10:00 am _____ Mon. (5/3) 9:00 am - 11:00 am _____ Mon. (5/3) 10:00 am - Noon	<b>\$1000</b> <b>Residents: Half Price</b>	<b>\$1100</b>	
<b>Annual College Luncheon</b>  Must register by April 15th. Tickets <u>may NOT</u> be available onsite.	<input type="checkbox"/> Register for Lunch <input type="checkbox"/> Guest _____ _____ Sat. (5/1) Noon - 1:30 pm	<b>\$60</b>  <b>\$60</b>	<b>\$65</b>  <b>\$65</b>	

Refunds will be given, less a \$25 administrative fee per person, if cancellation request is received by April 15, 2010. Registration payment must be received by April 15, 2010 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)    **Total Due:** \_\_\_\_\_  
 Visa / MasterCard / American Express

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (The 3 digit number located on the back of your card, above the signature line, except for American Express, which is a 4 digit number located on the front of the card.)

Signature: \_\_\_\_\_