

## 61<sup>st</sup> Annual Meeting Registration

February 24 – 25, 2016, Chicago, IL

Name \_\_\_\_\_  
(Last) (First) (Middle Initial) (Degrees)

Complete mailing address \_\_\_\_\_  
(Street Address) (P.O. Box, if applicable)

\_\_\_\_\_  
(City) (State/Province) (Zip/Postal Code) (Country)

\_\_\_\_\_  
(Phone: Area Code and Number) (Fax: Area Code and Number) (Email)

What first name would you prefer printed on your badge? \_\_\_\_\_

Meeting Registration Fee Category	Regular Fee	Total
<input type="checkbox"/> AES Member Registration	\$ 500	<input type="text"/>
<input type="checkbox"/> Life Member	\$ 450	<input type="text"/>
<input type="checkbox"/> Non-Member Dentist/Physician	\$ 800	<input type="text"/>
<input type="checkbox"/> Graduate Student (accompanied by letter from Director of Program)	\$ 350	<input type="text"/>
<input type="checkbox"/> Affiliate (Dental Asst., etc.)	\$ 350	<input type="text"/>
<input type="checkbox"/> Exhibitor	\$1750	<input type="text"/>

### Social Events Fee

**President's Reception** • Wednesday, February 24, 2016, at 6:30-8:30PM No Charge

Please note that while there is no additional cost to attend the President's Reception, space is limited, so please let us know if you are attending and bringing a guest. Are you attending the President's Reception?  Yes  No

If you are attending the reception, is someone going to accompany you? If so, please give us the name:

\_\_\_\_\_  
 Are you attending lunch on Wednesday the 24<sup>th</sup>?  Yes  No Thursday the 25<sup>th</sup>?  Yes  No

Do you have any medical dietary restrictions?  Yes  No If so, please list them: \_\_\_\_\_

Total  
Attending  
Reception

**Return this registration form to:** **Total Enclosed (or to be billed by credit card):**   
**AES Central Office**, 207 E. Ohio Street, Suite 399, Chicago, IL 60611

Make checks payable to: American Equilibration Society (US \$ Only) • If you wish to pay by credit card, please complete the following information (Please print):

Name On Card: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Card Type:  Visa  Mastercard  Amex Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Validation Code: \_\_\_\_\_ (The last 3 digits of the non-embossed number printed on the back of your Visa or MC. The 4 digits on the front of your AMEX.)  
 Payments will not be processed without this code.

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