

Pre-registration Form

PLEASE MAKE ADDITIONAL COPIES OF THIS FORM AS NECESSARY. USE BALL POINT PEN TO COMPLETE FORM.

PRE-REGISTRATION BEGINS NOVEMBER 1, 2008. Tier 1 Pre-registration Ends: **12/31/08**; Tier 2 Pre-registration Ends: **1/18/09**; Tier 2 Online Pre-registration Ends: Midnight **1/31/09**. REMINDER: You must have a ticket to secure a seat in any free course and tickets can only be obtained for free courses by pre-registering for the course.



1. USA

PAYOR NAME (Primary Registrant)

COMPANY

ADDRESS

ADDRESS (must include Suite/Apt if applicable)

CITY STATE ZIP

PHONE (include area code) FAX (include area code)

e-mail:

Peel label from cover and place here or affix office label/ business card.

INTERNATIONAL

PAYOR NAME (Primary Registrant)

COMPANY

ADDRESS

ADDRESS (must include Suite/Apt if applicable)

CITY COUNTRY POSTAL CODE

PHONE (include area code) FAX (include area code)

e-mail:

Peel label from cover and place here or affix office label/ business card.

REGISTER BY | FAX: 630.241.1007 | ONLINE: WWW.CDS.ORG | MAIL: USE THE PREAMDRESSED ENVELOPE

REGISTRATION CATEGORY	TIER 1	TIER 2
A. CDS Member	N/C	N/C
B. ADA Member	\$125	\$135
C. Graduate Student	\$25	\$35
D. International Dentists	\$125	\$135
F. Federal Dentists	\$125	\$135
G. Non ADA Member	\$450	\$500
H. Dental Student	\$10	\$10
HF. UIC/SIU Dental Student	N/C	N/C
I. Hygienist	\$25	\$35
J. ISDS Hygiene Member	N/C	N/C
K. Assistant	\$25	\$35

REGISTRATION CATEGORY	TIER 1	TIER 2
L. IDAA member	N/C	N/C
M. Office Personnel	\$25	\$35
N. Laboratory Technician	\$25	\$35
NF. ISDS Laboratory Technician	N/C	N/C
QA. Assistant Student	N/C	N/C
QH. Hygiene Student	N/C	N/C
R. Children younger than age 21	N/C	N/C
T. ACDS Member	N/C	N/C
U. Guest/Family	\$25	\$35
V. U.S. Trade	\$25	\$35
W. International Trade	\$25	\$35

2. PRIMARY REGISTRANT (Print or Type)				3. CATEGORY LETTER		4. PREREG FEE	TOTAL
CDS # or ADA #						\$	\$
COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	

5. SPECIAL EVENTS AND TOURS*

<input type="checkbox"/> SE1/Opening Session _____ @ \$10 = _____	<input type="checkbox"/> ST4/Frank Lloyd Wright Tour _____ @ \$95 = _____
<input type="checkbox"/> SE2/Fashion Show Luncheon _____ @ \$50 = _____	<input type="checkbox"/> ST5/Jazz and Blues Dinner Tour _____ @ \$90 = _____
<input type="checkbox"/> SE3/Friday Night at Park West _____ @ \$35 = _____	<input type="checkbox"/> ST6/Xanadu _____ @ \$85 = _____
<input type="checkbox"/> SE4/President's Dinner Dance _____ @ \$85 = _____	<input type="checkbox"/> ST7/Art Institute Tour _____ @ \$89 = _____
<input type="checkbox"/> ST1/Windy City Tour _____ @ \$75 = _____	<input type="checkbox"/> ST8/Haunted Chicago Tour _____ @ \$98 = _____
<input type="checkbox"/> ST2/Second City/Pizza _____ @ \$85 = _____	<input type="checkbox"/> ST9/Bulls vs. Rockets Basketball _____ @ \$70 = _____
<input type="checkbox"/> ST3/Jersey Boys _____ @ \$40 = _____	

Pre-registration Form

If necessary, please photo copy the Additional Registrants form to register more members of your staff.

PAYOR NAME _____

PHONE _____

6. ADDITIONAL REGISTRANT (Print or Type)			7. MEMBER NUMBER		8. CATEGORY		9. PREREG FEE	TOTAL
							\$	\$
COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	
							\$	\$
COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	
							\$	\$
COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	
							\$	\$
COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	
							\$	\$
COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	
							\$	\$
COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	COURSE/FEE /	

10. AMOUNT TOTAL

Primary Registrant Total _____ Special Events and Tours Total _____ Additional Registrants Total _____

GRAND TOTAL _____

11. METHOD OF PAYMENT

Credit Cards: VISA Mastercard Check Amount: \$ _____

(Please Print) CDS accepts personal checks (made payable to the CDS Midwinter Meeting), Mastercard and VISA as payment for preregistration. However, if ordering tickets, we urge registrants to use Mastercard/VISA.

CARD NUMBER _____ EXPIRATION DATE _____ CARD HOLDER'S NAME _____

SIGNATURE _____ I have read the disclaimer

Identify special needs _____

SPECIAL EVENTS DISCLAIMER: In purchasing tickets, individual(s) release Chicago Is...Inc. and the Chicago Dental Society, as well as any of their employees from and against all claims, demands, suits, actions, losses (to persons or property), damages, injuries (including personal or bodily injury or death), expenses (including attorney fees) or other liabilities of any kind, by or in favor of any person, directly or indirectly arising out of or in connection with the tour, regardless of cause or fault.

FAX TRANSMISSION DISCLAIMER: A Note About Faxing We strongly recommend faxing your form well in advance of the Jan. 18 deadline. Fax volume increases as the deadline approaches, and CDS is NOT responsible for faxes not received due to busy telephone line. Keep a copy of your fax transmission report to verify that your fax was transmitted successfully by the deadline in the event of a problem.

Tier 1 Pre-Registration Ends: **12/31/08**; Tier 2 Pre-registration Ends: **1/18/09**; Tier 2 Online Pre-registration Ends: Midnight **1/31/09**
NO PRE-REGISTRATION WILL BE PROCESSED THAT IS RECEIVED AFTER THESE DATES.
 FAX: 630.241.1007 ONLINE: www.cds.org MAIL: Use the preaddressed envelope.
 Use the enclosed envelope to mail your registration form to: Chicago Dental Society Midwinter Meeting; c/o Advanced Tradeshow Technology, P.O. Box 4199, Lisle, IL 60532