



APPLICATION FOR MEMBERSHIP

P O Box 19700, San Diego, CA 92159
(Telephone) 800-836-2484 (FAX) 619-466-0999

Please provide the following information so that we may better serve your needs.

- Mr. () M
 1. Ms. () F
 Dr. () (Last) (First) (Middle Initial) (Degree)
 2. Nickname _____ Spouse's Name _____
 3. CAD/CAM User? Yes No CEREC E4D User since _____
 4. What percentage of your practice is devoted to CAD/CAM dental procedures? _____

The following will be used for the ACCD website Member's referral links:

5. Business / Practice Name: _____
 Business Address: _____
(Street)

(City) (State) (Zip) (Country)
 Business Phone: (____) _____ Fax: (____) _____
(Area Code) (Area Code)
 E-mail Address: _____
 Website URL for Referral Listing: _____

Personal Information

6. Home Address: _____
(Street)

(City) (State) (Zip) (Country)
 Home Phone: (____) _____ Home Fax: (____) _____
 7. Date of Birth: _____ What year did you begin practicing dentistry? _____ Specialty: _____
Month Day Year
 8. Have you previously been a member of The ACCD (ACDNA)? Yes When? _____ No
 9. Dental/Medical Education: _____ Year: _____
(Institution) (Degree)
 10. Graduate Education: _____ Year: _____
(Institution) (Degree)
 11. Postgraduate Education: _____
 12. University Affiliation: (Teaching or Research) _____ Full-time Part-time

13. Are you a member of the ADA? Yes No ADA No: _____

AGD? Yes No AGD No: _____

Other National Dental Associations? Yes No Name: _____

14. Licensed in what States/Provinces/Countries? _____

15. Other Affiliations: (Hospitals, Government, Military, etc.) _____
_____ Full-time Part-time

16. Publications and Presentations: _____
Attach if Necessary

17. Participation in Professional Organizations: (Include offices and committee chairmanships) _____
Attach if Necessary

18. I am interested in the following
- | | |
|---|---|
| <input type="checkbox"/> Conference Committees | <input type="checkbox"/> Technology Committees |
| <input type="checkbox"/> Board Positions | <input type="checkbox"/> Local Chapters |
| <input type="checkbox"/> Meeting Hospitality Host | <input type="checkbox"/> New Members Committee |
| <input type="checkbox"/> Industry Partners Committee, | <input type="checkbox"/> Publications Committee |

Signature of Applicant: _____ Date: _____

MEMBERSHIP DUES MUST ACCOMPANY THIS APPLICATION

Please check appropriate Membership category below:

- | | | | | |
|--|---|-----------------------------------|---|-------|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Lab Technician/Owner | <input type="checkbox"/> Military | <input type="checkbox"/> Faculty/Research | \$365 |
| <input type="checkbox"/> Hygienist | <input type="checkbox"/> Dental Assistant | | | \$300 |
| <input type="checkbox"/> Student | | | | \$200 |
| <input type="checkbox"/> Corporate/Industry Membership | | | | \$750 |

Total Annual Dues \$ _____

Make checks payable to: Academy of CAD/CAM Dentistry
Or we accept:

American Express/ Master Card / Visa # _____ Exp Date: _____
(Please Circle)

CVV Code _____

Name on Card _____

Signature _____

Return Application and payment to: Academy of CAD/CAM Dentistry
P O Box 19700, San Diego, CA 92159
Or Fax to: 619-466-0999
Or online registration at <http://www.acadcamdent.com>

Registration

Doctors, lab techs, students & more can apply for membership or register for our annual meeting by:

Online: Visit acadcamdent.com and click on join ACCD to apply for membership.

Via Fax: (619) 466-0999

E-Mail: meetinginfo@acadcamdent.com

By Mail: P.O. Box 19700 San Diego, CA. 92159

When sending payment via mail or fax, be sure to include **complete** payment information. No over the phone applications or registrations will be accepted.

Enrollment

Please include a title with every registered attendant

Our definition of a Doctor is a dentist with a DDS or DMD licensed to practice dentistry in this country or any other country, whether as an individual, an associate, or an employee of a dental practice.

Our definition of a Staff Member is an individual in a dental office acting as an office manager, dental assistant, registered dental assistant, or hygienist. Doctors are not considered Staff Members or Guests.

Tuition/Membership Dues

All tuition & Dues are quoted and to be paid in US currency.

We do not anticipate any changes in 2008/2009 tuition & or dues, however increases may occur without notice. Please confirm the current rates when applying for membership or meeting registration. Tuition for meetings must be paid in full 60 days prior to the scheduled meeting date. **Membership dues are non-refundable.**

Payment

For your convenience we accept Visa, Master Card, Discover, Diner's Club, American Express, Checks and Cash. **A \$50 fee will be incurred for returned checks.**

Meeting Availability

The Academy of CAD/CAM Dentistry reserves the right to change any scheduled meeting dates up to 21 days before the scheduled start date and will refund all payments in such cases.

Meeting Cancellation Policy

Cancellations must be made in writing no less than 60 days prior to the scheduled meeting date via fax to (619) 466-0999 or email @ meetinginfo@acadcamdent.com. All meeting refunds will be given, less the \$85 service fee. If any cancels are made within 60 days of the meeting 50% of the tuition is forfeited.

These policies are strictly enforced.

There are no post meeting refunds.

I have read, understand and agree to the terms and conditions/refund policies.

Signature

Date