

Registration

31st AIT Scientific Session

October 26-28, 2012

Surgery/Lecture Seminar Registration Form

(Fill out one registration form per attendee)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

	By August 31	By Sept 28	After Sept 28
<input type="checkbox"/> Dentist/Non-Member	\$ 825	\$ 900	\$ 975
<input type="checkbox"/> AIT Member	\$ 650	\$ 725	\$ 800
<input type="checkbox"/> Hygienists/Assistants	\$ 290	\$ 325	\$ 350
<input type="checkbox"/> Dental Lab Technician	\$ 290	\$ 325	\$ 350
<input type="checkbox"/> Students with Photo ID	\$ 290	\$ 325	\$ 350
<input type="checkbox"/> Spouse/Companion	\$ 200	\$ 200	\$ 225

Tuition Enclosed \$ _____

TAKE ADVANTAGE OF A 50% MEMBERSHIP DISCOUNT WITH THIS APPLICATION!

I would like to renew my membership now **FOR ONLY \$95** through October 2014 and receive my copy of the journal at time of registration \$ 95.00

TOTAL FEES ENCLOSED \$ _____

Check Visa Card Master Card American Express

Credit Card# _____ Exp Date _____

Cardholder signature _____

Billing Address (if different) _____

Credit Card: Complete information above and fax to 718 464-9620 or submit by email to AIT2011@aol.com

By Mail: Checks payable to Academy for Implants and Transplants can be mailed to 198-45 Foothill Avenue, Jamaica NY 11423-1611

Registration includes breakfasts, lunches and buffet/dinner on Friday and Saturday evenings

QUESTIONS?? CALL CENTRAL OFFICE AT 718 776-3069

www.ait-implant.org

Cancellation Policy: 50% of registration fee will be refunded if request is received on or before September 1, 2012. No refunds will be made thereafter due to contractual obligations. Cancellations must be notified in writing by emailing ait2011@aol.com or by faxing to 718 464-9620.

ADA CERP® | Continuing Education Recognition Program The Academy for Implants and Transplants (AIT) is an ADA CERP Recognized Provider. The AIT designates this activity for 24 continuing education credits.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about the Academy for Implants and Transplants may be directed to the provider or to ADA CERP at www.ada.org/goto/cerp

University of South Alabama
College of Medicine

RELEASE FROM LIABILITY

Activity: Academy for Implants and Transplants
Scientific Session and Live Surgical Seminar
Location: University of South Alabama College of Medicine
Dates: October 26-28, 2012

To be completed by all participants.

TO THE UNIVERSITY OF SOUTH ALABAMA:

I, _____, am nineteen years of age or older and understand that I will be voluntarily participating in the above-named activity. In consideration of the University of South Alabama and the Academy for Implants and Transplants (AIT) permitting me to participate in this activity, I, in full recognition and appreciation of any and all risks, hazards, or dangers, if any, inherent in this activity, to which I may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding participation in such activity.

I do for my self, my heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge the University of South Alabama and the AIT, its trustees, officers, agents, servants, and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my participation in this activity and/or which may result from causes beyond the control of, and without the fault or negligence of the University of South Alabama and the AIT, its trustees, officers, agents, servants and employees, during the period of participation of aforesaid.

I fully understand the risks involved in the activity and agree to assume those risks. I understand that the University of South Alabama and the AIT, its trustees, officers, agents, servants and employees assume and accept no liability for wages of any kind, personal injury, loss of life or damage to personal property.

IN WITNESS WHEREOF, I have caused this release to be signed this _____ day of _____, 2012.

SIGNATURE OF PARTICIPANT

SIGNATURE OF WITNESS

PRINTED NAME OF PARTICIPANT

PRINTED NAME OF WITNESS