



AAPMD AIRWAY SUMMIT

AMERICAN ACADEMY OF PHYSIOLOGICAL MEDICINE & DENTISTRY

Optimal Healthcare with Integrative Medicine & Dentistry

In conjunction with



November 8-10, 2018

Red Rock Resort | Las Vegas, NV

REGISTRATION FORM

First Name: _____ Last Name: _____

E-mail (required): _____ Organization: _____

Name as it should appear on your badge (if different than above): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Medical License #: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Credentials: MD DO ND DC Lac PhD Other: _____

REGISTRATION RATES	×	Early (Until 3/21)	×	Advanced (Until 9/30)	×	Late (Until 11/7)	×	Onsite
AAPMD Member—Doctor	<input type="checkbox"/>	\$899	<input type="checkbox"/>	\$1049	<input type="checkbox"/>	\$1249	<input type="checkbox"/>	\$1375
AAPMD Member—Other	<input type="checkbox"/>	\$599	<input type="checkbox"/>	\$799	<input type="checkbox"/>	\$925	<input type="checkbox"/>	\$1050
Non-Member—Doctor	<input type="checkbox"/>	\$1029	<input type="checkbox"/>	\$1129	<input type="checkbox"/>	\$1349	<input type="checkbox"/>	\$1499
Non-Member—Other	<input type="checkbox"/>	\$699	<input type="checkbox"/>	\$899	<input type="checkbox"/>	\$1049	<input type="checkbox"/>	\$1099

WILL YOU ATTEND... (please circle)		
Welcome Reception: Thursday, Nov. 8 at 6:00pm	Yes	Yes, Vegetarian
	No	Yes, Standard
Final Night Event: Saturday, Nov. 10 at 6:30pm	Yes	Yes, Vegetarian
	No	Yes, No Meal
Trade Show with Guest:	Yes	# Guests

OPTIONAL PRE CONFERENCE WORKSHOPS & CERTIFICATIONS (included in Conference Registration)	×
Workshop 1	<input type="checkbox"/>
Workshop 2	<input type="checkbox"/>
White Flag Event	<input type="checkbox"/>

Registration Total: \$ _____ Workshop/Certification Total: \$ _____ Grand Total: \$ _____

PAYMENT INFORMATION

Credit Card Type: Visa MasterCard Discover American Express

Credit Card #: _____ Exp. Date: _____ CVS: _____

Signature: _____ Date: _____

MAIL: 380 Ice Center Lane, Ste. C, Bozeman, MT 59718 | **FAX:** 406-587-2451 | **EMAIL:** info@acam.org

REGISTRATION CANCELLATION POLICY: Requests for cancellations must be received by October 9, 2018; a \$75 cancellation fee will apply. Cancellations after this date are non-refundable.