



2018 IAPA CONFERENCE

OCTOBER 25-27, 2018
LVI • LAS VEGAS

**TIMES ARE CHANGING AND PHYSIOLOGIC DENTISTRY
IS GAINING TRACTION!**



SPONSORED BY



THE **AURUM** GROUP®

MICRODENTAL
LABORATORIES

WILLIAMS
DENTAL LABORATORY
a world of difference...



Approved PACE Program Provider FAGD/MAGD credit.
Approval does not imply acceptance by a state or
provincial board of dentistry or AGD endorsement.
10-01-17 to 9-30-21. Provider ID# 208412

IAPA REGISTRATION • October 25-27, 2018 • LVI GLOBAL



FOR MORE INFORMATION AND TO REGISTER ONLINE GO TO www.theiapa.com

Conference Registration and 2017/2018 IAPA Membership \$1760

Auto Renewal Annually

By checking this box, you agree and authorize the IAPA to renew your annual membership automatically with the credit card information provided below unless membership is cancelled prior to its expiration. Initial here if you do not want to opt into auto renewal _____

Membership Only \$365

Auto Renewal Annually

By checking this box, you agree and authorize the IAPA to renew your annual membership automatically with the credit card information provided below unless membership is cancelled prior to its expiration. Initial here if you do not want to opt into auto renewal _____

Conference Registration ONLY \$1595

Team \$995

Guest (includes access to exhibit area, lunches, cocktail hour & After Dark) \$295

*Cancellation Policy - If cancellation occurs more than 60 days from the first day of the event, the registration fee may be applied to the next event only. If cancelling less than 60 days from the first date of the event, 50% of the registration fee may be applied to the next event only. There are **NO REFUNDS**. I consent to having photos taken of me and my likeness used in future promotional materials.

Name _____ Title: _____
(first) (middle) (last)

Guest: _____

Business Name: _____

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Website Address _____

TEAM MEMBERS ATTENDING THE MEETING

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Name: _____ E-mail: _____

BILLING INFORMATION

Amount to be charged: \$ _____

Card #: _____ Expiration Date: _____ Security Code #: _____

Billing Address (If different than above) _____

Signature: _____ Date: _____