

**Southern Association of Orthodontists  
Midwestern Society of Orthodontists  
The BRO<sup>A</sup>DMOOR  
Colorado Springs, CO  
September 22-26, 2010**

**2010 ANNUAL MEETING REGISTRATION FORMS**

Please use one form per doctor and retain a copy for your records. The SAO can be responsible only for materials received. The *Staff Registration Form* may be duplicated as needed for additional staff. Please use a ballpoint pen to fill out all pages. Please print doctor's name at the top of each page.

**Please check if Staff is attending without doctor.**  
Staff attending without a doctor must complete **All** registration forms and mail or fax to the SAO office.  
Registration for staff without doctor cannot be completed online.

**1. Doctor's Name** (Please print): \_\_\_\_\_  
Please check Constituent membership:  Southern Association  Midwestern Society  Other AAO Constituency

**Nickname for Badge:** \_\_\_\_\_ **Spouse's Name (if attending):** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City/State/Province/Zip/Country:** \_\_\_\_\_

**Business Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Phone (optional):** (\_\_\_\_) \_\_\_\_\_  
**(Required) Confirmation will be sent via e-mail only.**

**2. Emergency Contact Information: Name** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**3. DOCTOR Registration Categories, Fees and Postmark Deadlines:**

<b>I. SAO Attendee Categories:</b>	<b>Early Bird Fee- by July 16</b>	<b>July 17 - Sept. 7</b>	<b>On-Site Only</b>
<b>A. SAO / MSO Member</b>	\$279	\$309	\$339
<b>B. SAO / MSO Full-time Faculty Member</b> (verification requested)	\$ 0		\$ 50
<b>C. SAO / MSO Resident</b>	\$ 0		\$ 50
<b>D. SAO or MSO Retired Member-</b> CE credit available to retired members in good standing of the SAO/MSO for at least thirty (30) cumulative years	\$150	\$180	\$210
<b>E. Speaker/Official SAO or MSO invitee</b>	<b>Complimentary</b>		
<b>II. AAO Attendee Categories:</b> (Member of Constituent other than SAO or MSO)	<b>Early Bird Fee- by July 16</b>	<b>July 17 - Sept. 7</b>	<b>On-Site Only</b>
<b>F. AAO Member</b> And/Or <b>International Member (WFO)</b>	\$309	\$339	\$369
<b>G. AAO Retired Member- with no CE credit</b> Must pay Full Member Fee <b>(F)</b> if CE credit is desired	\$180	\$210	\$240

**Registration Fee includes:** Doctor/Staff programs, *Thursday/Friday 2010 Marketplace Receptions and Friday Evening Entertainment*. Doctors' Spouses, Full-time Faculty, and Residents also receive the above at no charge. **Tickets Must Be Requested for Marketplace Receptions and Friday Evening Entertainment.**

**Deadline to Request tickets is Tuesday, September 7.**

**Registration Fee DOES NOT include: Meals, Optional Events or Tours for which there are additional fees.**

**OTHER Registration Categories, Fees and Postmark Deadlines:**

<b>III. OTHER Attendee Categories:</b>	<b>Early Bird Fee- by July 16</b>	<b>July 17 - Sept. 7</b>	<b>On-Site Only</b>
<b>H. SAO/MSO Orthodontist's Staff Member (each)</b> (includes Spouse who is a staff member)	<b>\$209</b>	<b>\$239</b>	<b>\$269</b>
<b>I. AAO (Non-SAO or MSO) Orthodontist's Staff Member (each)</b>	<b>\$239</b>	<b>\$269</b>	<b>\$299</b>
<b>J. Doctor's Spouse/Guest *</b> (Spouse/other family member or 1 guest not in dental field- no CE credits)	<b>\$ 0</b>		<b>\$ 30</b>
<b>K. Spouse requesting CE hours (who is NOT a staff member) **</b>	<b>\$100</b>		<b>\$130</b>
<b>L. Additional family member or guest over age 12</b> (Children under 12 years- no charge)	<b>\$ 50 per person</b>		

\* Orthodontic staff may NOT register as spouses/guests. This category **(J)** is only for immediate family members who are not employed in the orthodontic office. A Spouse/Guest will not be eligible to receive CE hours under this category.

\*\* A spouse who is not a staff member but wishes to receive CE credit hours should register under this category **(K)**.

**STAFF REGISTRATION FORM**

Registration for staff attending without a doctor cannot be completed online. Staff attending without a doctor must complete doctor & staff forms and mail or fax (404) 261-6856 to the SAO office. Please confirm fax receipt with SAO office.

Please complete this form for attending staff. You may duplicate this form to register additional members of your staff. The SAO can be responsible only for materials received. Please retain a copy for your records.

**PLEASE PRINT CLEARLY: FIRST & LAST NAME OF EACH ATTENDING STAFF MEMBER  
AS YOU WISH THE NAME TO APPEAR ON THE NAME BADGE**


**PLEASE PLAN TO VISIT THE EXHIBIT HALL**

<b>Thursday, September 23</b>	<b>5:30 p.m.-7:00 p.m. (2010 Marketplace Reception)</b>
<b>Friday, September 24</b>	<b>8:00 a.m.-2:00 p.m.</b>
<b>Friday, September 24</b>	<b>5:30 p.m.-7:00 p.m. (2010 Marketplace Reception)</b>
<b>Saturday, September 25</b>	<b>8:00 a.m.-2:00 p.m.</b>

## 2010 DOCTOR/STAFF LECTURE ATTENDANCE PLANS

Please assist us by indicating the sessions you plan to attend. You do not need to notify us if you change your mind regarding the lectures. By having approximate numbers, we will be able to assign the appropriate size room.

CE credits are based on 1 hour of lecture time, e.g., a two-hour lecture is 2 CE credits.  
**There are 10.5 CE credits available for Doctors and 11 CE credits available for staff.**

All courses are ADA CERP approved.



		<b><u>ATTENDING</u></b>
		<b>DR / STAFF(#)</b>
<b>THURSDAY, September 23</b>		
DOCTOR:	Dr. Mike McDevitt      7:30- 9:00	____/____
STAFF:	Dr. Uche Odiatu      8:00-12:00	____/____
DOCTOR:	Dr. Charles Alexander      9:30-12:00	____/____
<b>FRIDAY, September 24</b>		
STAFF:	Ms. Leil Lowndes      8:30-12:00	____/____
DOCTOR:	Dr. Brent Larson      9:00-12:00	____/____
<b>SATURDAY, September 25</b>		
DOCTOR:	Dr. Rohit Sachdeva      8:30-12:00	____/____
STAFF:	Mr. Steve McEvoy      8:30-12:00	____/____
	RISK MANAGEMENT COURSE      1:30- 4:00	____/____

**PLEASE PLAN TO VISIT THE EXHIBIT HALL**

<b>Thursday, September 23</b>	<b>5:30 p.m.-7:00 p.m. (2010 Marketplace Reception)</b>
<b>Friday, September 24</b>	<b>8:00 a.m.-2:00 p.m.</b>
<b>Friday, September 24</b>	<b>5:30 p.m.-7:00 p.m. (2010 Marketplace Reception)</b>
<b>Saturday, September 25</b>	<b>8:00 a.m.-2:00 p.m.</b>

Admit One

## EXHIBIT HALL FUNCTIONS TICKET REQUEST FORM

Admit One

*Please help!*

We request that you carefully consider your plans. We make many decisions, inform speakers, and order food based on the information you give us. **Please request tickets only if you plan to use them.**

**We will be unable to refund money for meal tickets after Tuesday, September 7, 2010.**



**Doctor/Staff/Spouse/Guest who PAY a registration fee and the following who Do Not PAY a registration fee, Doctors' Spouses/Full-time Faculty/Residents and children under 12, may purchase Meal Ticket(s) at the reduced rates listed below.**

**DEADLINE TO REQUEST TICKETS: Tuesday, September 7, 2010**

Tickets may not be available on-site.

**THURSDAY-September 23**

**Light continental breakfast-7:00 am-8:00 am**

See above ☆

# of Tickets \_\_\_\_\_ X \$7= \$ \_\_\_\_\_

**Lunch 12:00 -1:30**

See above ☆

# of Tickets \_\_\_\_\_ X \$10= \$ \_\_\_\_\_

**FRIDAY -September 24**

**See Optional Events (page 5) for Opening Breakfast /Awards presentations tickets**

**Lunch 12:00-1:30**

See above ☆

# of Tickets \_\_\_\_\_ X \$10= \$ \_\_\_\_\_

**SATURDAY -September 25**

**Light continental breakfast-7:00 am-8:00 am**

See above ☆

# of Tickets \_\_\_\_\_ X \$7= \$ \_\_\_\_\_

**Lunch 12:00 -1:30**

See above ☆

# of Tickets \_\_\_\_\_ X \$10= \$ \_\_\_\_\_

**SUBTOTAL MEAL TICKETS**

\$

**ATTENDEES WHO PAY A REGISTRATION FEE AND OTHERS CLASSIFIED ABOVE ☆ WILL RECEIVE COMPLIMENTARY TICKETS FOR THE FOLLOWING EVENTS IF TICKETS REQUESTED BY TUESDAY, SEPTEMBER 7.**

**THURSDAY, September 23, 5:30-7:00 pm**

**2010 MARKETPLACE RECEPTION IN EXHIBIT HALL**

# of Tickets \_\_\_\_\_ (N/C)

**FRIDAY, September 24, 5:30-7:00 pm**

**2010 MARKETPLACE RECEPTION IN EXHIBIT HALL**

# of Tickets \_\_\_\_\_ (N/C)

**FRIDAY EVENING ENTERTAINMENT, September 24, 9:00-11:00 pm**

**Great entertainment-Don't miss it!**

# of Tickets \_\_\_\_\_ (N/C)



**Tickets & Badges required to participate in these events**

## REGISTRATION FEES

**Other AAO Constituent  
or WFO Members**

**REGISTRATION FEE: DOCTOR** (please circle one)

**Active Member-** by July 16  
Postmarked July 17 - September 7  
On-site Only

**SAO/MSO Member**

\$279 **(A)**  
\$309  
\$339

\$309 **(F)**  
\$339  
\$369

**SAO/MSO Full-time Faculty Member/Resident**  
After September 7 - On-site Only

\$ 0 **(B/C)**  
\$ 50

**Retired Member** - by July 16  
Postmarked July 17 - September 7  
On-site Only

\$150 **(D)**  
\$180  
\$210

\$180 **(G)**  
\$210  
\$240 = \_\_\_\_\_

**REGISTRATION FEE: SAO/MSO MEMBER STAFF (H)**

Postmarked by July 16  
Postmarked July 17 - September 7  
On-site Only

\$209 x # \_\_\_attending = \_\_\_\_\_  
\$239 x # \_\_\_attending = \_\_\_\_\_  
\$269 x # \_\_\_attending = \_\_\_\_\_

**REGISTRATION FEE: OTHER AAO CONSTITUENT MEMBER'S STAFF (I)\*\*\*\*\***

Postmarked by July 16  
Postmarked July 17 - September 7  
On-site Only

\$239 x # \_\_\_attending = \_\_\_\_\_  
\$269 x # \_\_\_attending = \_\_\_\_\_  
\$299 x # \_\_\_attending = \_\_\_\_\_

**REGISTRATION FEE: OTHERS**

**Doctor's Spouse/Guest (J)**  
On-site Only

\$ 0  
\$ 30 = \_\_\_\_\_

**Spouse for CE credit** (not staff member) **(K)**  
On-site Only

\$100  
\$130 = \_\_\_\_\_

**Additional family member or guest (L)**  
Children under 12-N/C

\$ 50 x # \_\_\_attending = \_\_\_\_\_

**SUBTOTAL REGISTRATION FEE(S)**

\$ \_\_\_\_\_

## OPTIONAL EVENTS

<u>EVENTS</u>	<u>TIME</u>	<u>PRICE</u>	<u>NUMBER</u>	<u>TOTAL</u>
(1) Golf Tournament (includes Lunch)	TH 1:00 pm - 5:00 pm	\$130 pp	x _____	= _____
(2) Opening Breakfast (SAO/MSO Member)	FR 7:00 am - 8:30 am	\$ 20 pp	x _____	= _____
(3) Opening Breakfast (Guest)	FR 7:00 am - 8:30 am	\$ 35 pp	x _____	= _____
(4) CDABO Breakfast	SA 7:00 am - 8:30 am	\$ 35 pp	x _____	= _____

**SUBTOTAL OPTIONAL EVENTS**

\$ \_\_\_\_\_

## TOURS

**Tours provided by DSC are described on page 4 of the Registration Brochure.  
For questions regarding tours, contact Ashlee Peterson (720) 274-6937.  
To register online for a tour(s): [www.dsc-registration.com/sao](http://www.dsc-registration.com/sao)**

- |   |                       |  |
|---|-----------------------|--|
| (1) Air Force Academy and<br>Garden of the Gods | TH 1:00 pm - 5:30 pm  |  |
| (2) Cog Rail to Pikes Peak                      | FR 12:30 pm - 5:30 pm |  |
| (3) Royal Gorge Route Railroad                  | SA 2:00 pm - 7:00 pm  |  |

PLEASE CONTACT DSC AS SOON AS  
POSSIBLE TO SCHEDULE YOUR TOURS,  
FULFILL OUR MINIMUMS AND LOCK  
IN YOUR PLACE.

Doctor's name: \_\_\_\_\_

### FEE TOTALS

MEAL TICKETS SUBTOTAL = \$ \_\_\_\_\_  
REGISTRATION FEES SUBTOTAL = \$ \_\_\_\_\_  
OPTIONAL EVENTS SUBTOTAL = \$ \_\_\_\_\_

**TOTAL AMOUNT DUE**

\$ _____
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### **PAYMENT METHODS**

All Fees must be paid in US currency

(I) Credit Card: \_\_\_ AMEX \_\_\_ MC \_\_\_ VISA

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Vcode: \_\_\_\_\_

Name of Cardholder (please print) \_\_\_\_\_

Billing Address (No Post Office Box) \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

I agree to pay for the fees to attend the SAO/MSO Annual Meeting for which I register.

Signature: \_\_\_\_\_

(II) Check: No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_

#### **TO REGISTER:**

1. MAIL FORMS TO: SAO, 32 Lenox Pointe, Atlanta, GA 30324 (Send via certified mail to guarantee delivery)
2. FAX TO: (404) 261-6856 (Please contact SAO office to confirm receipt of forms.)
3. REGISTER ONLINE: [www.saortho.org](http://www.saortho.org)

Please retain a copy of the Registration Forms for your records. The SAO can be responsible only for materials received. All registrations will be confirmed within 30 days by email. If you do not receive a confirmation or have questions, please contact the SAO office at (800) 261-5528 or (404) 261-5528.

<b>CANCELLATION POLICY:</b> If modifications or cancellations are necessary, refunds will be given less a processing fee of \$50, if requested in writing prior to August 20. From August 21 - September 7, half of the registration fee will be refunded. After September 7, we will be unable to make any refunds. Requests for refunds must be made in writing and sent to the SAO office via email to <a href="mailto:saobook@bellsouth.net">saobook@bellsouth.net</a> or faxed to (404) 261-6856.
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#### **Important Emergency Contact Information**

If you are not staying at the Broadmoor, please complete the following so you may be contacted in case of an emergency only.

Arrival date \_\_\_\_\_ Departure date \_\_\_\_\_ Place of Stay \_\_\_\_\_

#### **Annual Session Disclaimer (this section must be completed)**

In consideration of my being allowed to participate in ticketed and complimentary events associated with the SAO/MSO Annual Meeting, the Southern Association of Orthodontists (SAO), Midwestern Society of Orthodontists (MSO) and its authorized agents are hereby released from any damages caused or incurred in connection with these activities. I agree to indemnify and hold the SAO and MSO and its authorized agents harmless against any liabilities, including reasonable attorney's fees, arising from, or in connection with, these activities. I grant permission to all of the foregoing to use any photographs, motion pictures, or any other record of my participation in this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# HOTEL REGISTRATION FORM

The BRO<sup>A</sup>DMOOR  
1 Lake Avenue  
Colorado Springs, CO 80906

**Southern Association of Orthodontists and Midwestern Society of Orthodontists**  
**September 22-26, 2010**

**You must register for the SAO/MSO ANNUAL MEETING before securing hotel reservations.**

Doctor's Name : \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Sharing room with: \_\_\_\_\_ Preferred bed type:  King  Double/Double

Arrival day/date: \_\_\_\_\_ Departure day/date: \_\_\_\_\_

In order to be assigned to the correct room block, please check Constituent membership:  
 Southern Association  Midwestern Society  Other AAO Constituency

### **Room Accommodations:** **HOUSING CUT-OFF DATE: AUGUST 23**

**Run of House** (assignment at Hotel's discretion): **\$314 per night**  
Room Rate does not include: \*Resort fee -\$16.00 + 9.4% Tax + 2.25% PIF  
**Attendees desiring other classes of accommodation, e.g., suites or cottages,**  
**should call the SAO office @ 1-800-261-5528**  
Check-in time is 4:00 pm, check-out is 12:00 pm. All rooms are non-smoking.

**Additional Number of Rooms Requested:** \_\_\_\_\_ **Arrival day/date:** \_\_\_\_\_ **Depart day/date:** \_\_\_\_\_

**Please list room occupants and check type bed. Room Preferences are Subject to Availability.**  
**Please duplicate page if additional rooms needed. Additional \$2.50 for each 3<sup>rd</sup> / 4<sup>th</sup> or more person(s) per room.**

Room #1	Room #2	Room #3	Room #4
King ___ 2 Double Beds ___	King ___ 2 Double Beds ___	King ___ 2 Double Beds ___	King ___ 2 Double Beds ___
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4

Cribs are available at no charge. Rollaways are available for \$15 per night.

**Special Requests:** \_\_\_\_\_

**HOTEL REGISTRATION FORM**  
**Southern Association of Orthodontists and Midwestern Society of Orthodontists**  
**September 22-26, 2010**

**METHOD OF PAYMENT:**

In order to confirm your reservation, a deposit of one night's room rate plus tax will be required at time of booking. To prevent a cancellation or change in fee of one night's room rate plus tax, cancellations or changes of arrival and/or departure date must be confirmed no later than seven days prior to your arrival date.

**TYPE CARD:**    \_\_\_ AMEX    \_\_\_ MASTERCARD    \_\_\_ VISA

**Credit Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_ **Vcode:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Printed Name on Card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

\* Resort fee includes: unlimited access to Fitness Center, local phone, toll-free, credit card and collect call access up to one hour in length, incoming faxes, daily newspaper, in-room high speed internet service, and in-room coffee & tea service.

**THE SAO CANNOT ACCEPT CHECKS FOR HOTEL DEPOSITS.**

**YOU MAY REGISTER IN ONE OF THE FOLLOWING WAYS:**

- (1) REGISTER ONLINE: [www.saortho.org](http://www.saortho.org)
- (2) COMPLETE FORMS & MAIL TO:  
SAO \* 32 Lenox Pointe NE \* Atlanta, GA \* 30324-3169
- (3) FAX FORMS TO: 1-404-261-6856                      (To confirm receipt of fax: 1-800-261-5528)

**Housing confirmation will be sent via e-mail.**

**The BRO<sup>A</sup>DMOOR**  
**1 Lake Avenue**  
**Colorado Springs, CO 80906**

