

NAME: _____
ADDRESS: _____

CITY: _____
STATE: _____
ZIP: _____
COUNTRY: _____
PHONE: _____
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SPOUSE: _____

*Held at University Place
Conference Center & Hotel
Indianapolis, IN*

Wednesday, June 9th
Board Meeting & Opening Reception

Thursday, June 10th
Registration & Continental Breakfast
Presentations
Panel Discussion
Dr. Frank and Phyllis Orland Lecture Luncheon
Tour of Indiana University Dental School

Friday, June 11th
Continental Breakfast
Business Meeting
Presentations
Hayden-Harris Award Luncheon
Annual Banquet, University Place Hotel

Registration Fees (all-inclusive)

Member: \$425, Late Registration: \$595
Non-Member: \$595
Spouse/Student: \$275, Late Registration: \$395

(for individual events only)

Opening Reception: \$50
Orland Luncheon/Lecture: \$50
Annual Banquet: \$100

Late registration fees apply after May 15, 2010.

Total: \$ _____

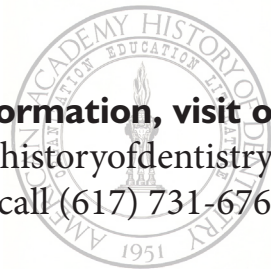
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for more information, visit our website

www.historyofdentistry.org
or call (617) 731-6767



Please complete this registration form
and mail or fax it with payment to:

Dr. David A. Chernin
284 Harvard Street
Brookline, MA 02446 USA

Fax: (617) 731-8724

Checks (mailed forms only)
should be made payable to the AAHD.