

2019 ABDPH Annual Registration Fee

Check here if address information below is new

Please remember it is the Diplomate's responsibility to keep the ABDPH (e.g., Executive Director, ABDPH- Eugenio Beltran, (theabdp@icloud.com) and AAPHD (e.g., Sandi Steil, info@aaphd.org) informed concerning any address change, including the preferred e-mail address.

Name [please print /type]:

_____ (Last) (MI) (First)

Company/Institution: _____

Position Title: _____ Degrees/Certifications: _____

Preferred Mailing Address: _____

City/State/Zip: _____ Country (if not USA): _____

Office/Main Phone: _____ Home Phone: _____ Cell Phone: _____

Preferred Email: _____

1. If Paying ABDPH Annual Registration Fee **ONLY:**

2019 ABDPH Annual Registration Category: (**Select One Category Only**)

- Regular-\$275 Contributing-\$325 Sustaining-\$375

Note that \$25 of the annual registration fee is to help defray the ABDPH's contribution to the National Commission on Dental Specialties

Amount Due: \$ _____

2. If Paying **BOTH ABDPH Annual Registration Fee and AAPHD Membership Dues:**

2019 ABDPH Annual Registration Category: (**Select One Category Only**)

- Regular-\$275 Contributing-\$325 Sustaining-\$375

2019 AAPHD Membership Dues: (**Select One Category Only**)

- Full Member-\$185 Full Contributing Member-\$210

- Full Sustaining Member-\$235 Full Sponsoring Member-\$285

Total Amount Due: \$ _____

Payment Information

Payment Method: Check # _____ Credit Card: Master Card Visa

Credit Card #: _____ Expiration Date: _____ CVV#: _____

Name as it appears on card: _____

Billing Address: _____

Authorized Signature: _____

If there is a question concerning credit card use or joint memberships, please contact Sandi Steil, Membership Director at 217-529-6941 or by email info@aaphd.org.

Checks should be made payable to **AAPHD**. This form must accompany your check for proper credit of your payment and write 2019 ABDPH Annual Registration Fee and 2019 Annual AAPHD Dues in the memo space (if paying both) on your check.

Mail the completed form and check made payable to AAPHD (please do not make checks payable to AAPHD/ABDPH) to:

American Association of Public Health Dentistry (AAPHD)
Attention: Sandi Steil
P. O. Box 7317
Springfield, IL 62791-7317

Please **do not** mail check and form to the Executive Director, ABDPH.