

**Registration for the
Minnesota Association of Orthodontists Winter Meeting
Marriott City Center
30 South Seventh Street, Minneapolis, MN
Friday: January 5, 2018**

Doctor(s) Name: _____

E-mail: _____ (please provide for our records)

Address: _____

Phone: _____

Registration		No. Attending	Amount Enclosed
MAO Member	\$250.00	_____	_____
(after 12/24/17)	\$275.00	_____	_____
Retired Orthodontist	\$100.00	_____	_____
Non-MAO member	\$350.00	_____	_____
Each Staff	\$100.00	_____	_____
(after 12/24/17)	\$125.00	_____	_____
Graduate Student	\$ N/C	_____	_____
Full-time Faculty	\$ N/C	_____	_____
Friday Evening Reception/Bufferet (Cash Bar)		_____	
		Total Enclosed	_____

Names of Staff Attending:

- | | | |
|----------|----------|-----------|
| 1) _____ | 5) _____ | 9) _____ |
| 2) _____ | 6) _____ | 10) _____ |
| 3) _____ | 7) _____ | 11) _____ |
| 4) _____ | 8) _____ | 12) _____ |

Make check payable to: **Minnesota Association of Orthodontists**

Mail check and registration form to:

**Minnesota Association of Orthodontists
Denise Schouweiler, Executive Secretary
PO Box 464
Plainview, Minnesota 55964**

**If registration is postmarked after December 24, 2017, please add the \$25 late fee.
Notification of cancellation must be received prior to December 24, 2017 to be eligible for
a 50% refund.**