



2021 IAO Annual Meeting

Virtual Meeting

For more information visit www.iaortho.org/virtual-annual-meeting



Registration

\$295.00

Name of Dentist _____

Name of Spouse/Guest _____

Name of Auxiliary/Staff _____

Business Address _____

City _____ State _____ Zip/Postal Code _____

Country _____ Phone _____ Fax _____

Email: _____

Circle All That Apply: Dentist \$295· Auxiliary/Staff \$150· TOTAL: US \$ _____

Circle Payment Method: U.S. Check · U.S. Money Order · Visa · Mastercard · American Express · Discover

Name on card: _____ Credit Card #: _____

Exp. Date (mo/yr): _____ Security Code: _____ Signature: _____

International Association for Orthodontics · 750 N. Lincoln Memorial Dr. Suite 422 · Milwaukee, WI 53202 USA

Phone: +414.272.2757 · Fax: +414.272.2754 · Website: www.iaortho.org · Email: jackie@iaortho.org