

SOUTHERN ASSOCIATION OF ORTHODONTISTS

**86th Annual Meeting
The Homestead
Hot Springs, Virginia**

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.

Staff may attend without the doctor; however, registration cannot be completed online. All forms must be completed and mailed or faxed to the SAO office. Please confirm fax receipt with SAO office.

1. Doctor's Name : _____
(Please print)

Nickname for Badge: _____ Please check if Staff is attending without doctor.

Spouse's Name (if attending): _____

Business Address: _____

City: _____ **St:** _____ **Zip:** _____

Business Phone: (____) _____ **Fax:** (____) _____

Email: _____ **Cell Phone (optional):** (____) _____

2. Emergency Contact Information: Name _____ **Phone:** (____) _____

3. DOCTOR Registration Categories, Fees and Postmark Deadlines:

I. SAO Attendee Categories:	Early Bird Fee- by July 17	July 18 - Sept. 11	After Sept.11 or On-Site
A. SAO Member	\$249	\$279	\$309
B. SAO Member-First time Attendee at SAO Meeting	\$149		
C. SAO Full-time Faculty Member	\$0.00		\$50
D. SAO Resident	\$0.00		\$50
E. SAO Retired Member- with no CE credit <small>Must pay Full Member Fee (A) if CE credit is desired</small>	\$150 <small>(No CE credit)</small>	\$175	\$200
F. Speaker/ Official SAO invitee	Complimentary		
II. AAO Attendee Categories: <small>(Member of Constituent other than SAO)</small>	Early Bird Fee- by July 17	July 18 - Sept. 11	After Sept.11 or On-Site
G. AAO Member And/Or International Member (WFO)	\$279	\$309	\$339
H. AAO Retired Member- with no CE credit <small>Must pay Full Member Fee (G) if CE credit is desired</small>	\$175	\$200	\$225

Registration Fee includes: Doctor/Staff programs described in the *Registration Brochure, Thursday's Marketplace '09 Reception, Friday's Desserts & Dancing on the Daises and reduced fee for box lunches* for paid attendees who request tickets. Spouse, Full-time Faculty, and Residents also receive the above benefits.

Registration Fee DOES NOT include: Box Lunches or Optional Events for which there are additional fees.

Deadline to request tickets is September 14. Tickets may not be available on-site.

OTHER Registration Categories, Fees and Postmark Deadlines:

III. OTHER Attendee Categories:	Early Bird Fee- by July 17	July 18 - Sept. 11	After Sept.11 or On-Site
I. SAO Orthodontist's Staff Member (each)	\$199	\$229	\$259
J. AAO (Non-SAO) Orthodontist's Staff Member (each)	\$219	\$249	\$279
K. Doctor's Family Member/Guest (Spouse/other family member or 1 guest not in dental field)	\$0.00		
L. Additional family member or guest (excludes children under 12) (Covers cost of '09 Reception, Desserts & Dancing, and the \$15 Reduced fee for Box lunch)	\$50.00 per person		
M. Exhibitor (2 per booth \$0-additional persons \$100 each)	\$100.00 per person (over 2 per booth)		

Registration Fee includes: Doctor/Staff programs described in the *Registration Brochure, Thursday's Marketplace '09 Reception, Friday's Desserts & Dancing on the Daises* and reduced fee for box lunches for paid attendees who request tickets. Spouse, Full-time Faculty, and Residents also receive the above benefits.

**Registration Fee DOES NOT include: Box Lunches or Optional Events for which there are additional fees.
Deadline to request tickets is September 14. Tickets may not be available on-site.**

STAFF REGISTRATION FORM

Staff may attend without the doctor; however, registration cannot be completed online. All forms must be completed and mailed or faxed to the SAO office. Please confirm fax receipt with SAO office.

Registration information on the opposite side must be completed even if doctor is not attending.

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

PLEASE LIST STAFF AS YOU WISH THE NAME TO APPEAR ON THE NAME BADGE

PLAN TO VISIT THE EXHIBIT HALL

Thursday, September 24 5:30 p.m.-7:00 p.m. (Marketplace '09 Reception)

Friday, September 25 9:00 a.m.-3:00 p.m.

Saturday, September 26 8:00 a.m.-2:00 p.m.

Doctor's name: _____

2009 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 21 CE credits available to Doctors and 11 CE credits available to staff, excluding Teambuilding.

		<u>ATTENDING</u>
		DR / STAFF(#)
THURSDAY, September 24		
8:00 am-12:00 pm	(D) John McGill	____/____
9:00 am- 1:00 pm	(S) Eric Ploumis	____/____
1:30 pm- 4:30 pm	(D) Greg Huang/David Turpin	____/____
FRIDAY, September 25		
8:00 am- 9:00 am	(D) Ching-Chang Ko (Faculty Lecture)	____/____
9:00 am-12:00 pm	(D) David Turpin/Greg Huang	____/____
8:00 am-12:00 pm	(S) Ed Horrell	____/____
2:00 pm- 5:00 pm	(D) John Casko	____/____
SATURDAY, September 26		
8:00 am-12:00 pm	(D) Mark Hans	____/____
9:00 am-12:00 pm	(S) Anissa Anderson	____/____
2:00 pm- 5:00 pm	(D) David Sarver	____/____

All SAO courses are ADA CERP approved.

ADA C·E·R·P[®] | Continuing Education
Recognition Program

Teambuilding courses are under OPTIONAL EVENTS.

PLAN TO VISIT THE EXHIBIT HALL

Thursday, September 24	5:30 p.m.-7:00 p.m. (Marketplace '09 Reception)
Friday, September 25	9:00 a.m.-3:00 p.m.
Saturday, September 26	8:00 a.m.-2:00 p.m.

Doctor's name: _____

TICKET REQUEST FORM

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.

In 2008, the SAO spent \$15,000 on food that was ordered and not picked up.

Please request tickets only if you plan to use them. Thank you

Attendees who paid a registration fee, including those noted, may purchase a Box Lunch for \$15 per person (A \$30 value). Anyone who did not pay a registration fee, excluding those noted, may purchase a Box Lunch ticket at regular fee of \$30 by contacting the SAO office. Tickets may not be available on site.

DEADLINE TO REQUEST TICKETS: Monday, September 14, 2009

THURSDAY

BOX LUNCH IN EXHIBIT HALL @ \$15 per person

Includes Doctor's Spouse, Full-time Faculty & Residents

Thursday, September 24, 12:00 -1:30

of Tickets _____ X \$15= \$ _____

FRIDAY

BOX LUNCH IN EXHIBIT HALL @ \$15 per person

Includes Doctor's Spouse, Full-time Faculty & Residents

Friday, September 25, 12:00-1:30

of Tickets _____ X \$15= \$ _____

SATURDAY

BOX LUNCH IN EXHIBIT HALL @ \$15 per person

Includes Doctor's Spouse, Full-time Faculty & Residents

Saturday, September 26, 12:00 -1:30

of Tickets _____ X \$15= \$ _____

TICKETS TOTAL = \$ _____

**COMPLIMENTARY TICKETS FOR ATTENDEES WHO PAID A REGISTRATION FEE AND OTHERS NOTED.
TICKETS MUST BE REQUESTED BY MONDAY, SEPTEMBER 14.**

THURSDAY

MARKETPLACE '09 RECEPTION IN EXHIBIT HALL

Includes Doctor's Spouse, Full-time Faculty & Residents

Thursday, September 24, 5:30-7:00 pm (Tickets & Badges required)

of Tickets _____ (N/C)

FRIDAY

DESSERT AND DANCING ON THE DAISIES

Includes Doctor's Spouse, Full-time Faculty & Residents

Friday, September 25, 8:00-10:00 pm (Tickets & Badges required)

Co-Sponsored by the Alabama Association of Orthodontists

of Tickets _____ (N/C)



TOTAL THIS PAGE

\$

REGISTRATION FEES

DOCTOR'S REGISTRATION FEE

	<u>SAO Member</u>	<u>AAO or WFO Members</u>	
Postmarked by July 17	\$249	\$279	
Postmarked July 18 -September 14	\$279	\$309	
After September 14 or On-site	\$309	\$339	
SAO Member First-time Attendee by July 17	\$149		
SAO Retired Member (No CE Credits) (Full Member Fee for CE credit)	\$150	\$175	_____

SAO MEMBER STAFF REGISTRATION FEE

Postmarked by July 17	\$199	x	# attending	_____
Postmarked July 18 - September 14	\$229	x	# attending	_____
After September 14 or On-site	\$259	x	# attending	_____

NON-SAO MEMBER STAFF REGISTRATION FEE

Postmarked by July 17	\$219	x	# attending	_____
Postmarked by September 14	\$249	x	# attending	_____
After September 14 or On-site	\$279	x	# attending	_____

ADDITIONAL GUESTS

\$ 50	x	# attending	_____
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REGISTRATION FEE TOTAL \$ _____

OPTIONAL EVENTS

<u>EVENTS</u>	<u>TIME</u>	<u>PRICE</u>	<u>NUMBER</u>	<u>TOTAL</u>
(1) CDABO Clinical Exam Course *	TH 8:00 am - 12:00 pm	\$250 pp	X _____	= \$ _____
(2) Golf Tournament (Old Course)	TH 1:00 pm - 5:00 pm	\$160 pp	X _____	= \$ _____
(3) Awards Luncheon (SAO Member)	FR 12:00 pm - 2:00 pm	\$ 25 pp	X _____	= \$ _____
(4) Awards Luncheon (Guest)	FR 12:00 pm - 2:00 pm	\$ 48 pp	X _____	= \$ _____
(5) CDABO Luncheon	SA 12:00 pm - 2:00 pm	\$ 48 pp	X _____	= \$ _____

* FYI: Additional fee for course kit to be purchased from ABO is \$300.

EVENTS TOTAL \$ _____

TEAMBUILDING

\$20 per person/per day for first and second day and third day is free. Ticket is transferable

<u>Number Participating</u>	<u>TIME</u>	<u>PRICE</u>	<u>NUMBER</u>	<u>TOTAL</u>
_____	TH 2:00 pm - 5:00 pm	\$ 20 pp	X _____	= \$ _____
_____	FR 2:00 pm - 5:00 pm	\$ 20 pp	X _____	= \$ _____
_____	SA 2:00 pm - 5:00 pm	\$ 20 pp	X _____	= \$ _____
_____	SA 3 rd day attendance	\$ N/C	(if 1 st & 2 nd course attended)	

TEAMBUILDING TOTAL \$ _____

TOTAL THIS PAGE \$

Doctor's name: _____

FEE TOTALS

Total from page 4 \$ _____

Total from page 5 \$ _____

GRAND TOTAL

\$ _____

PAYMENT METHODS

All Fees to be paid in US currency

(I) Credit Card: ___AMEX ___MC ___ VISA **Exp Date:** _____ **Vcode** _____

Card #: _____

Name of Cardholder (please print) _____

Billing Address _____ **City:** _____ **State:** _____ **Zip:** _____
(No Post Office Box)

I agree to pay for the fees to attend the SAO Annual Meeting for which I register. **Signature:** _____

(II) Check: **No.** _____ **Amount:** \$ _____

- 1.** Mail forms to: SAO, 32 Lenox Pointe, Atlanta, GA 30324
- 2.** OR: Fax to: (404) 261-6856 (Please contact SAO office to confirm receipt of forms.)
- 3.** OR: Email to: saobook@bellsouth.net
- 4.** OR: REGISTER ONLINE AT WWW.SAORTHO.ORG

Please retain a copy of the Registration Form for your records. The SAO can be responsible only for materials received.
Send your registration via certified mail to guarantee delivery.
All registrations will be confirmed within 30 days.
If you do not receive a confirmation or have questions, please contact the SAO office at (800) 261-5528 or (404) 261-5528.

<p>CANCELLATION POLICY: If modifications or cancellations are necessary, refunds will be given less a processing fee of \$50, if requested in writing prior to September 1. From September 2 -15, half of the registration fee will be refunded. After September 15, 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 saobook@bellsouth.net or faxed to (404) 261-6856.</p>
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If you would be interested in sharing a ride with another party arriving the same day and approximately the same time, please check one of the boxes on the back of the yellow housing form.

THANK YOU FOR CHOOSING TO ATTEND THE 2009 SAO ANNUAL MEETING.

HOUSING FORM
SOUTHERN ASSOCIATION OF ORTHODONTISTS
2009 ANNUAL MEETING
The Homestead, Hot Springs, VA

Please **print** and fill out completely to avoid a delay in processing.

DOCTOR'S NAME: _____
 (or Exhibitor Name)

TELEPHONE #: _____ **CELL PHONE #(optional):** _____

FAX #: _____ **EMAIL:** _____

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

CLASSIC ROOM (Run of the House) SAO RATES ARE UNDER MAP PLAN (see below)

ROOM TYPE	Single (1 adult)	Double (per person)
Classic Room:	\$346 + 15% Resort fee* + 9% Tax**	\$209 pp + 15% resort fee* + 9% Tax**
Each additional adult - \$90 + 15% Resort fee & 9 % Tax /Children: up to 5yrs-N/C; 6-12yrs- \$39; 13-18 yrs- \$72		
Suites range from \$110-\$350 additional per night (Please contact the SAO office if interested)		

MAP PLAN: includes breakfast in the Homestead dining room and **dinner** in the dining room or Sam Snead's Tavern. Dinner in the 1766 Grille is included in the MAP PLAN but has a surcharge of \$35 per person.

PLEASE LIST ROOM OCCUPANTS AND CHECK TYPE BED. (Duplicate page if additional rooms needed)

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 and Rollaways are complimentary.

Special Requests:

* Resort fee is 15% per room per night and includes: afternoon tea, gratuities for housekeeping staff, dining personnel and valet parking, fitness center, pool, nightly movies, phone access charges, on-property transportation, and wireless connection in rooms and public areas but not in exhibit hall or lecture rooms. Bellmen & doormen do not participate in the resort service fee. ** 9% Tax includes: 7% Virginia tax and 2% lodging tax.

One night's ADVANCE deposit per room is required which includes Room Rate, Resort Fee and Tax.

HOTEL CANCELLATION POLICY: Seven (7) days prior to arrival.

Please GUARANTEE My Reservation With: AMEX _____ VISA _____ MC _____

Card Number _____ **Expires:** _____ / _____ **Vcode:** _____

Name of Cardholder: _____

Billing Address: _____ **City:** _____ **St:** _____ **Zip:** _____

I agree to pay the charges incurred. **Authorized Signature:** _____

PLEASE NOTE NEW SAO POLICY: THE SAO CAN NO LONGER ACCEPT CHECKS FOR HOTEL DEPOSITS.

We encourage you to make your reservation early as the room block may sell out.

- **Room type and special requests will be honored based on availability at check-in.**
- **Early departure fee if hotel is not notified 7 days in advance.**
- **CHECK-IN TIME IS 4:00 PM. CHECK-OUT TIME IS 12:00 PM.**

Airport Information/Share Ride

Roanoke Regional Airport – Roanoke, Virginia

78 miles or 1 hour and 40 minutes from The Homestead

Features daily flights from Atlanta, Charleston (WV), Charlotte, Orlando, and Washington

Served by Allegiant Air, US Airways, Delta Connection, United, Northwest

Roanoke Limousine Service	(800) 288-1958
Sedan (2-3)	\$166.25 each way
Van (8-9)	\$287.50 each way

Please check box if you would be interested in sharing a ride with another party arriving the same day and approximately the same time at Roanoke. IF POSSIBLE, we will try to match parties, but we cannot guarantee to provide a match.

Greenbrier Valley Airport – Lewisburg, West Virginia

50 miles or 75 minutes from The Homestead

Served by Continental Airlines

Greenbrier Valley Limo Services	(304) 536-1193
Sedan (2-3)	\$207.34 (inclusive of tax and gratuity)
Van (8-9)	\$379.00 (inclusive of tax and gratuity)
SUV (4-5)	\$291.40 (inclusive of tax and gratuity)

Please check box if you would be interested in sharing a ride with another party arriving the same day and approximately the same time at Greenbrier. IF POSSIBLE, we will try to match parties, but we cannot guarantee to provide a match.

Bath County Airport – Hot Spring, Virginia

17 miles or 30 minutes from The Homestead

Private corporate jets and charter service flights

HOUSING RESERVATIONS CANNOT BE ACCEPTED UNLESS REGISTERED FOR THE SAO ANNUAL MEETING

PLEASE MAIL THIS FORM WITH MEETING REGISTRATION FORMS TO:

SAO, 32 Lenox Pointe NE; Atlanta, GA 30324-3169 OR FAX TO: 404-261-6856 (please confirm receipt)

OR Register online at <http://www.saortho.org>