

**Registration for the  
Minnesota Association of Orthodontists Winter Meeting  
Inwood Oaks  
484 Inwood Avenue, North; Oakdale, MN 55128  
Friday: January 4, 2019**

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 21, 2018, please add the \$25 late fee.  
Notification of cancellation must be received prior to December 21, 2018 to be eligible for  
a 50% refund.**