AADOCR
American Association for Dental, Oral, and Craniofacial Research

2027 ANNUAL MEETING

Minneapolis, MN, USA • MARCH 17–20, 2027

56TH ANNUAL MEETING OF THE AADOCR
51ST ANNUAL MEETING OF THE CADR

REGISTRATION FORM

DEADLINES:
January 13, 2027 – Presenter Registration
February 1, 2027 – Early Bird Registration

INSTRUCTIONS

1. A seperate form must be completed for each registration.

2. Forms recieved without payment after February 1, 2027 will be charged the standard registration fees.

3. To register as a member, you must have activated or renewed your **2027** membership by the time you register. If you wish to join the Association to take advantage of the lower membership registration fee, please pay your dues prior to time of registration. membership applications are availible online at https://www.iadr.org/membership.

4. Any registration cancellation and refund request must be received via the online form. Cancellation and refund requests received 21 days prior to the start of the meeting (February 24, 2027) will be refunded, less the cancellation fee, $150 and non-refundable items (such as visa letter expedited shipping). Adjustment to registration rate (such as from non-member to member, member to student, etc) will incur a $20 processing fee.

RETURN TO
AADOCR Global Headquarters
1619 Duke Street
Alexandria, VA 22314, USA

REGISTER ONLINE
www.aadocr.org/2027aaam

QUESTIONS?
Tel: +1.703.548.0066
Email: registration@aadocr.org

REGISTRANT INFORMATION

Are you a Member? ☐ NO ☐ YES, ID # _____

Are you an Abstract Presenter? ☐ NO ☐ YES, Abstract Control ID# _____

(If you are a co-author, Lunch & Learning Session, Hands-On Workshop, or Symposia speaker, please select "NO")

Accessibility Needs: ☐ NO ☐ YES, please select all that apply: ☐ AUDIO ☐ MOBILITY ☐ VISUAL

Optional: Add your pronoun(s) to your badge (she/her/hers, he/him/his, they/them/theirs, etc.) _____

*First Name (as it will appear on badge) _____

*Last Name _____

Institution/Company _____

Street Address 1 _____

Street Address 2 _____

City _____ State/Province _____

*Country _____ Postal Code _____

Telephone _____ Fax _____

*Email _____

*Emergency Contact's Full Name _____

*Emergency Contact's Telephone Number _____

ACCOMPANYING PERSON(S)

$100 x ____ people= $____

AP 1. Full Name _____ Day of Attendance _____

AP 2. Full Name _____ Day of Attendance _____

Note: Accompanying persons are non-dentists, non-researchers, non-IADR members who may be traveling with a meeting delegate and who have no scientific or educational interest in the meeting. Meeting delegates' students, lab technicians, colleagues, past IADR members, co-authors, exhibitor personnel, dental product company employees, children under 15, etc., do not qualify as accompanying persons.

INVITATION LETTER ☐ Yes, I require an official letter of invitation to initiate the visa process.

Delegate's Full Name on Passport _____
Delegate's Date of Birth _____ Passport # _____ Nationality _____
AP 1: Date of Birth _____ Passport # _____ Nationality _____
Full Name on Passport _____
AP 2: Date of Birth _____ Passport # _____ Nationality _____
Full Name on Passport _____

Only registered delegates and accompanying persons attending the Annual Meeting are eligible to recieve invitation letters. All Invitation letters will be sent via email. If you require a printed letter, please contact registration@aadocr.org additional fees may apply.

REGISTRATION FEES PER PERSON

All prices are in US Dollars.

Early Bird Registration (until February 1, 2027)

- ☐ Member/Affiliate Member $780
- ☐ 5+ Years Continuous Member $705
- ☐ Non-member $1,395
- ☐ Student Member $390
- ☐ Student Non-member $700
- ☐ Retired Member $390

Standard Registration (after February 1, 2027)

- ☐ Member/Affiliate Member $880
- ☐ 5+ Years Continuous Member $805
- ☐ Non-member $1,495
- ☐ Student Member $440
- ☐ Student Non-member $750
- ☐ Retired Member $440

CHILDCARE RESERVATION

This is a $25 RESERVATION FEE ONLY to reserve a childcare spot onsite. Actual daily childcare costs will be determined onsite. This reservation fee is non-refundable and non-transferable

☐ $25 Reservation
Please select day(s) you anticipate need:

- ☐ March 17, 2027
- ☐ March 18, 2027
- ☐ March 19, 2027
- ☐ March 20, 2027

TOTAL AMOUNT DUE: $_____

PAYMENT INFORMATION

☐ Check for $ _____ Enclosed (must be payable to IADR, in US dollars and drawn on a US bank)
☐ Charge for $_____ (VISA, Mastercard, or American Express only)
Card # _____ Exp Date:_____ CVV: _____
Cardholder's Name (print): _____
Signature: _____
BILLING INFORMATION ☐ same as page 1
Street Address _____
City_____ State/Province _____
Country _____ Postal Code _____

AADOCR reserves the right to review each registration for the appropriateness of the selected registration category, make any necessary corrections and charge your credit card the difference in registration fees. For example, a full-time faculty member that chooses the Accomanying Person or Student rate will be corrected upon review.