

## **2024 CONFERENCE REGISTRATION FORM**

Name (for	Badge):					
Organizatio	on (for Badge):					
Address:						
City:	State:			Zip/Postal Code:		
Country:						
Phone (with country code):			Fax:			
E-mail: _						
	Registration Fee	Unti	l August 23, 2024	Afte	r August 23, 2024	
	ADM Member		\$ 450.00		\$ 500.00	
	ADM Member low- middle & upper middle- income countries		\$ 400.00		\$ 500.00	
	ADM Member low- income countries		\$ 300.00		\$ 400.00	
	Non-Member		\$ 650.00		\$ 700.00	
	Student ADM Member		\$ 150.00		\$ 200.00	
	Student Non-Member		\$ 250.00		\$ 300.00	
Welcome F	RECEPTION Reception will be on Wedneso e to reception is included in t	•	•	0PM-8:3	30PM at Centro Congressi Lingotto.	
☐ I will	participate ( persons)		I will not particip	ate.		



LUNCH & LEARNS - Date: Thursday, October 3, 2024; Time: 1:45pm-3:00pm Registration will be open for students only until August 23 <sup>rd</sup> . Open to all registrants aft depending on availability (If you wish to be added to the waitlist, please email adm@ress. Student Cost \$25 / Non-Student Cost \$50 - Seats are limited to 11 per Lunch & Learn	Number of Participants	Total Amoun		
#1: Vinicius Rosa - Essentials and Tips for Testing Biological Properties of				
#2: <b>Vesna Miletic</b> - Clinical Techniques Affecting Material Properties – W the Red Lines?				
#3: Hilde Molvig Kopperud - Leaching and Analysis of Polymer-Based Ma				
#4: <b>Salvatore Sauro</b> - Why Should We Consider the use of "Bioactive" Modern Dentistry?				
#5: Jukka Matinlinna - Dental Implant Surfaces Tomorrow				
<u>'</u>		TOTAL:		
SOCIAL DINNER - Date: Friday, October 4, 2024; Time: 7-10:30pm	Number of	Participants	Total Amoun	
Registrants and Guests: \$75				
Student Registrants: \$40				
Children ages 6-12 years: \$40				
		TOTAL:		
Make checks payable to: Academy of Dental Materials (US \$)  Send this form along with payment (check or credit card information) to  RES Seminars   ATTN: Academy of Dental Materials  4425 Cass St., Suite A San Diego, CA 92109 USA  Fax: 1-858-272-7687, E-mail: adm@res-inc.com  Total amount of payment: \$	:			
Total amount of payment. 9				
Payment enclosed				
Credit Card Number:				
Expiration Date (MM/YY): Three Digit Secu	Three Digit Security Code:			
Billing Address:				
Name on Card:				