



ANNUAL MEETING REGISTRATION FORM
17th Annual Meeting
Radisson Blu es Hotel Rome, Italy
September 23-25, 2010

Deadline for Early Bird Fees: August 8th Deadline for Regular Fees: September 5th

- All forms must be received by RWISO no later than September 5th. After September 5th, attendees must register onsite in Rome.
- All cancellations and/or refunds are subject to a \$50 processing fee. No refunds after September 5th.
- Additional registration forms may be downloaded at www.rwiso.org
- One registration form per person

Name (Please Print) : _____ First name for Badge: _____

Business Address: _____

City: _____ State: _____

Country: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

I am registering as a: *(Please check one)*

- Member Guest Non-Member Student Staff

If registering as a Guest:

Name of RWISO member sponsoring you:

Guest Code: *(Given by sponsoring RWISO member)*

Please answer the following questions:

What days will you be attending? *(Please check all that apply)* Thursday Friday Saturday

Will you be attending the gala on Saturday evening? *(Please check)* Yes No

What is your primary language? Italian Japanese Korean Spanish English Russian

Are you staying at the Radisson Blu es Hotel? Yes No

Do you have any special needs or dietary restrictions? _____

Will your spouse, family, or significant other be traveling with you? Yes No

If so, what are their name(s)? Spouse: _____ **Family Members:** _____

Registration Fees:	Early Bird Fee Paid by August 8 th	Regular Fee Paid by September 5 th	Onsite Fee	TOTAL
RWISO Members and Guests	\$650	\$750	\$850*	\$ _____
Non Member	\$1,000	\$1,100	\$1,200*	\$ _____
Orthodontic Staff <i>(Gala not included)**</i>	\$300	\$350	\$400*	\$ _____
Student <i>(Orthodontic Residents only)</i>	\$300	\$325	\$350*	\$ _____
One Day Registration Only				
Thursday or Friday Only	\$400	\$450	\$500	_____
Saturday Only (Sponsored by Ormco)	\$300	\$350	\$400	_____
			Total Registration	\$ _____

*Do not send registration forms after September 5th – Registration will be Onsite only.
 **Please see Registration information. Staff rate does not include Gala.

Advance Conference DVD:

Member Rate	_____ x \$350	\$ _____
Non-Member Rate	_____ x \$500	\$ _____
		Total DVD \$ _____

* DVD's scheduled to be shipped 6-8 weeks after the conference.

Additional Function Tickets:

Welcome Reception	_____ x \$50 per person	\$ _____
Saturday Gala*	_____ x \$125 per person	\$ _____
		Total Additional Tickets \$ _____

* One Gala ticket is included with each paid registration, except for Staff rate.

2010 Membership*

Annual Membership	\$300	\$ _____
		Total Membership \$ _____

*This is an option if you have not already paid your 2010 dues. Conference membership rate will apply to anyone that pays their dues in full.

Total Fees *(From above)*

Total Registration \$ _____	Total Additional Tickets \$ _____
Total DVD \$ _____	Total Membership \$ _____
TOTAL DUE \$ _____	

Payment Type Check Enclosed Visa MasterCard Discover Aa YfjWub9l dfYgg

Card Number # _____ **Expiration Date:** _____

Name on Card: _____

Signature _____

PLEASE FAX OR MAIL THIS FORM WITH PAYMENT TO:
RWISO
 1712 Devonshire Road
 Sacramento, CA 95864, USA
 Fax: +1 (408) 521-9191