



International Association of Dental Traumatology

MEMBERSHIP APPLICATION

New Application Renewal

Dr. Prof. Other: _____

First name: _____ Last name: _____

Affiliation / University / Private Practice: _____

Department: _____ Position: _____

Street or post office box _____

City _____ State _____ Postal Code _____

Country _____ Telephone: _____

Email: _____

US \$ 235 Membership - Includes electronic subscription to *Dental Traumatology*

US \$ 195 Optional Online Access to Select Lectures from WCDT 2018 San Diego
Purchased at time of membership renewal – **Reduced Rate!**

US \$ 240 Optional Online Access to Select Lectures from WCDT 2018 San Diego
Purchased separately from membership renewal – Full Fee

US \$ 75 Student membership - Includes electronic subscription to *Dental Traumatology*

Membership dues may be paid by check drawn on a US bank and payable to IADT, or you may pay by bank credit card.

Payment Method: Check Enclosed Visa Master Card American Express

Card #: _____ Expiration Date: _____

Signature: _____ Security Code: _____

Send member form and dues to:

IADT Administration | 4425 Cass Street, Suite A | San Diego, CA 92109 USA
Email: Membership@iadt-dentaltrauma.org
Telephone: 858-272-1018 Fax: 858-272-7687 Website: www.IADT-dentaltrauma.org