

**2018 7<sup>TH</sup> ANNUAL SIX ELEMENTS INTERNATIONAL MEETING**  
**PRE-AAO May 4, 2018 WASHINGTON, DC**  
**COURSE REGISTRATION FORM**

**Tuition:**

\_\_\_\_\_ \$ 240 for orthodontists and oral surgeons

\_\_\_\_\_ \$ 120 for all residents and faculty of ADA accredited orthodontic and oral surgery residencies, and orthodontists and oral surgeons.

| <b>Date</b>                     | <b>Course</b>                      | <b>Venue</b>   |
|---------------------------------|------------------------------------|--|
| May 4, 2018                     | Six Elements International Meeting | True Auditorium<br>Med-Star Washington Hospital Center<br>110 Irving St.<br>Washington, DC 20010 |
| <b>Time:</b> 8:00 am to 5:00 pm |                                    |  |

Tuition is due upon registration. To enroll, please fill out and return the registration form page (or a copy), by e-mail (scan and send), mail, or fax, mark your calendar, and make hotel and travel arrangements. We recommend any hotels on AAO recommended hotel list.

**Payment: Please send payment to the Andrews Foundation (by check in U.S. Funds payable on a U.S. Bank only, or use your Visa or MasterCard) to:**

|   |   |
|---|---|
| <b>The L. F. Andrews Foundation</b><br><b>2025 Chatsworth Blvd.</b><br><b>San Diego, CA 92107</b> | Tel. (800) 799-8952 (in USA only), (619) 224-0866<br>Fax. (619) 224-6979<br>E-Mail: <a href="mailto:contact@andrewsfoundation.org">contact@andrewsfoundation.org</a><br>Website: <a href="http://www.andrewsfoundation.org">www.andrewsfoundation.org</a> |
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\_\_\_ Visa \_\_\_ Mastercard. Acct. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVC Code \_\_\_\_\_ Billing zip code (US only) \_\_\_\_\_

Amount Enclosed \_\_\_\_\_ Tel. No. \_\_\_\_\_

|                           |               |              |
|---------------------------|---------------|--------------|
| Name (please print above) | Dental School | Yr. of Grad. |
|---------------------------|---------------|--------------|

|           |                    |              |
|-----------|--------------------|--------------|
| Signature | Orthodontic School | Yr. of Grad. |
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Address \_\_\_\_\_

|      |       |                  |
|------|-------|------------------|
| City | State | Zip(Postal) Code |
|------|-------|------------------|

|         |          |                |
|---------|----------|----------------|
| Country | Fax. No. | E-mail address |
|---------|----------|----------------|

Cancellation Policy: The Andrews Foundation (AF) reserves the right to cancel or postpone any course due to unforeseen circumstances or insufficient enrollment. In the event of such cancellation by the AF, full tuition will be refunded. In the event the enrollee cancels, there will be a full refund (less a \$100 administration fee) if the cancellation is six weeks prior to the course date; there will be no refund or credit given if cancellation is less than six weeks prior to the course unless enrollee can locate a qualified replacement or the vacated spot can be filled from a course waiting list. The Andrews Foundation assumes no responsibility for transportation or lodging.