



**NESOCON 2020 - A Virtual Experience**  
**October 6 – November 7, 2020**

**REGISTRATION FORM**

*Please use this form if you would like to pay by check.  
To pay using a credit card, please visit [www.nesocon.com](http://www.nesocon.com).*

**REGISTRATION CATEGORIES (you may select more than one):**

- NESO Member Doctor - \$79      AAO Member #: \_\_\_\_\_ (AAO Phone: 866.561.8558)
- Non-Member Doctor - \$109
- Individual Staff - \$39
- Office/Group Staff - \$149 (up to 8 staff included with a doctor registration)
- NESO Resident/Student Member - Free

**ATTENDEE INFORMATION (to register more than one person, please use the next page.):**

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*(please, no P.O. Boxes)*

City/State/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**STUDENTS ONLY:**

School Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

*Please submit a copy of your current school ID with this registration form.*

**ADDITIONAL REGISTRANTS:**

1. Name: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Email: \_\_\_\_\_

3. Name: \_\_\_\_\_

Email: \_\_\_\_\_

4. Name: \_\_\_\_\_

Email: \_\_\_\_\_

5. Name: \_\_\_\_\_

Email: \_\_\_\_\_

6. Name: \_\_\_\_\_

Email: \_\_\_\_\_

7. Name: \_\_\_\_\_

Email: \_\_\_\_\_

8. Name: \_\_\_\_\_

Email: \_\_\_\_\_

**REGISTRATION CANCELLATION/REFUND POLICY:**

Registration cancellation requests must be received no later than **September 30, 2020** to receive a refund. Submit your cancellation in writing to the NESO Office via email to [registration@neso.org](mailto:registration@neso.org). Telephone cancellations will not be accepted. Your cancellation/refund request should include your name, registration confirmation number, AAO member number and the reason for cancellation. A \$10 cancellation fee will be charged for each person's Annual Meeting registration upon written request until the deadline. No registration refunds will be issued after the cancellation deadline. All approved refunds will be processed within 30 business days of the conclusion of the Annual Meeting.

**ATTENDEE REGISTRATION POLICY & TERMS:**

Please view our registration policy and terms online here: <https://tinyurl.com/y2smqa2m>

I have read and agree to comply with the policies and terms outlined in the Attendee Registration Policy and Terms document.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PAYMENT:**

Check (payable to Northeastern Society of Orthodontists in US dollars only) Check #: \_\_\_\_\_

Total Fees Due: \$ \_\_\_\_\_

Please mail to: NESO 2929 Arch Street, Suite 1700 Philadelphia, PA 19104

To pay using a **credit card**, please register online at [www.nesocon.com](http://www.nesocon.com). *Sorry, we cannot take any credit card payments via email or fax.*

Once payment is processed, an email confirmation and receipt of payment will be emailed to the registrant noted on page one of this form.

**QUESTIONS?**

Please call 800.981.9476 or email [registration@neso.org](mailto:registration@neso.org) if you have any questions or need additional information.