



**CONSORTIUM OF OPERATIVE DENTISTRY EDUCATORS
C.O.D.E.**

Web site: <http://www.unmc.edu/code>

May 1st, 2019

The Dues/Registration Fee for the year of 2019-2020 is **due and payable upon receipt of this statement.** This fee, (\$100.00 US dollars per institution) covers ALL participants' registration from each dental school attending any one of the six regional meetings in 2019 as well as the 2020 CODE Annual Meeting held in conjunction with the 2020 Academy of Operative Dentistry' Annual Meeting held in Chicago IL.

Please remit dues prior to August 31, 2019.

The Federal ID (EIN) number, **81-2327360**, may be utilized when processing this dues statement as required by your institution. A new W-9 form has been enclosed for your use.

Please make the **check/money order (CREDIT CARDS NOT ACCEPTED)** payable to **Consortium of Operative Dentistry Educators (CODE).**

Detach Fee Statement below and return with your remittance to:

Consortium of Operative Dentistry Educators
c/o Gary L. Stafford DMD, National Director
824 E Hamilton St
Milwaukee, WI 53202

email : staffoga@ohsu.edu
Phone: 503.494.8541



Please detach Fee Statement Receipt and return with your remittance.

WE ARE UNABLE TO ACCEPT CREDIT CARDS

School: _____

Person submitting remittance: _____

<u>Dues/Registration Fee Statement</u>	
<u>2019-2020</u>	
North American Dental Schools	\$100.00 (U.S. Dollars)
Amount Remitted	\$ _____ (U.S. Dollars)

PLEASE REMIT DUES PRIOR TO AUGUST 31, 2019