



If you are interested in scheduling a Bite of Education with the AAID at your dental school, please complete and return this form to the AAID Booth # 16 during the Exhibitor Fair at ASDA's 2009 meeting or return the form to the AAID Headquarters Office by fax 312-335-9090 or email to carolina@aaid.com.

Dental School: _____

ASDA Contact Person _____

Telephone _____ E-mail Address _____

Preferred method of contact: Email Telephone

Do you usually schedule lunch presentations on one particular day of the week?

Yes If yes, which day? _____

No If no, how are they scheduled? _____

What time are the sessions generally held?

11:30 AM – 12:30 PM 12 noon – 1:00 PM 12:30 PM – 1:30 PM Other _____

Where are the sessions held? Building / Room number _____

Address _____

City/State/Zip _____

What is the procedure for ordering food for the session?

Which of the following are invited to attend these presentations? Mark all that apply.

	Estimated Attendance
<input type="checkbox"/> One class only (specify) _____	_____
<input type="checkbox"/> More than one class (specify) _____	_____
<input type="checkbox"/> Faculty :	
<input type="checkbox"/> All faculty	_____
<input type="checkbox"/> One department only (specify) _____	_____
<input type="checkbox"/> More than one department (specify) _____	_____
