



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

Web site: <http://www.operativedentistryeducators.com>

May 1, 2024

The Dues/Registration Fee for the year of 2024-2025 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 2024 as well as the 2025 CODE Annual Meeting held in conjunction with the 2025 Academy of Operative Dentistry's Annual Meeting held in Chicago IL.

Please remit dues prior to August 31, 2024.

WE ARE NOW ABLE TO ACCEPT CREDIT CARDS

Please visit our website at www.operativedentistryeducators.com to pay by credit card.

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/electronic funds transfer** payable to:
Consortium of Operative Dentistry Educators (CODE).

If paying my check/money order, detach the 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: 708.261.1039



Please detach Fee Statement Receipt and return with your remittance.

School: _____

Person submitting remittance: _____

| <u>Dues/Registration Fee Statement</u> | |
|---|--------------------------------|
| <u>2024-2025</u> | |
| North American Dental Schools | \$100.00 (U.S. Dollars) |
| Amount Remitted | \$ _____ (U.S. Dollars) |