



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

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

May 1, 2025

The Dues/Registration Fee for the year of 2025-2026 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 2025 as well as the 2026 CODE Annual Meeting held in conjunction with the 2026 Academy of Operative Dentistry's Annual Meeting held in Chicago IL. Schools hosting the Fall Regional Meetings may include an additional registration fee to cover expenses incurred.

**Please remit dues prior to August 31, 2025.**

**CREDIT CARDS ACCEPTED**

Please visit our website at [www.operativedentistryeducators.com](http://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 by check/money order, detach the Fee Statement below and return it 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](mailto:staffoga@ohsu.edu)  
Phone: 708.261.1039



School: \_\_\_\_\_

Person submitting remittance: \_\_\_\_\_

<b><u>Dues/Registration Fee Statement</u></b>	
	<b><u>2025-2026</u></b>
<b>North American Dental Schools</b>	<b>\$200.00 (U.S. Dollars)</b>
<b>Amount Remitted</b>	<b>\$ _____ (U.S. Dollars)</b>