



# NEWSLETTER

VOL. 24, NO. 1

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*The Academy for Sports Dentistry Newsletter* is published tri-annually for its members. Comments and suggestions regarding the newsletter should be directed to Dr. Steve Mills, Editor.

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**Regan Moore, DDS, MSD, President**

# The Future of Sports Dentistry

What is the future of an organization dedicated to dentistry in sports? Predictably, sports are forever, and oral health doctors will exist as long as humans have teeth. In recent years the dental professional has come under attack from the public, government officials, and even by self appointed ethicists within our profession (see October 11, 2007 *New York Times* article entitled: Boom Time for Dentists, but Not for Teeth). The criticisms are that the profession has become “too business oriented,” “lowering ethical standards,” and “catering to the cosmetic needs of the wealthy few, while ignoring the oral health needs of the many and the needy.” Dental schools are also under fire for emphasizing courses in successful business management and promotion, while eliminating traditional courses such as history of dentistry, oral medicine, pediatrics, geriatrics, prevention, and community dentistry. The academic community may see sports dentistry as unnecessary, frivolous, and lacking in potential for financial return. Some contend that it is beyond the scope of a four-year curriculum, and should be relegated to post-doc programs in pediatrics or prosthetics. Others have been proponents of a mandatory 5<sup>th</sup> year to accommodate new curriculum of this type.

Concurrently, many states are cutting back on oral health care subsidy programs for citizens, especially for children. Many states are also cutting budget items that go to support dental education. So, in order to pay the bills, many dental schools are raising student tuition costs, and/or attempting to increase clinic income via increased fees and more patient treatment. Clinical faculty lines are being eliminated or go unfilled. More and more, dental schools are turning to alumni, faculty practice incomes and outside research dollars as means to subsidize the dental education process. Meanwhile, there

is a widening gap between the cost of a dental school education verses a medical school education; current estimates are that a 4-year-education in dentistry is 25% to 50% more expensive than in medicine, as compared from within the same university.

Despite these trends, many potential students see a livelihood in dentistry to be more attractive than one in medicine. A comparative study which serves as a good baseline was published in the *New England Journal of Medicine*, May 5, 1994, showing dentists with greater lifetime earnings than physicians. Surveys of practicing dentists show that “autonomy of practice” and “self-owned business opportunity” are still the greatest motivators. This trend is easily verified by looking at the number of applicants per positions available, in any given year. For many, dentistry is a gratifying part of the healing arts, because it is visually rewarding and combines skills of hands and brains in the final product. Despite the stressful features of practicing dentistry, there is a bright future which includes sports dentistry as a style option. Since the formal dental school process is slow to take it on, much of the cost of educating sports dentists may need to be passed on to the private sector.

So, what is our future? I believe that an organization for sports dentistry is absolutely necessary in order to serve the public need, to share the wisdom of the past and the scientific knowledge of the future. I expect that expanding the field of sports dentistry will foster neither **generalizing** nor **specializing**, but will instead provide **versatility** for the practitioner. I believe that in the future, knowledge and skills in sports dentistry will be a mark of a well trained and modern dentist. And, it's a great opportunity to be engaged in the life of our communities.



**Steve Mills, DDS, Editor**

*From the Editor's Pen:*

# I Just saw Cos...

I recently had a long overdue visit to my friend and mentor Dr. Cosmo Castaldi. Cos is not doing so well as the troubles of Alzheimer's Disease are making him a shadow of the man I once knew. It's a terrible disease but he is well cared for. He still looks like he could skate around the rink a few times though those days are long past. His wife Anita is with him daily and she is still a delightful woman and still devoted to Cos and her family.

Many of our current members have come to the Academy too recently to know Cosmo Castaldi. Along with Bill Godwin, Bill Heintz, Mick Morrow, Don Peterson, Jack Stenger and others, he founded the Academy for Sports Dentistry in 1983. Cos (which is all any of us call him even though that moniker carries all of the respect in the world) was a pioneer in Pediatric Dentistry especially for the Adolescent. He pioneered the use of protective equipment in youth ice hockey, and he was my director at the University of Connecticut Department of Pediatric Dentistry. He was what is best in an educator: knowledgeable, skilled, experienced, and for me, a father-type figure. I do love Cos and wish comfort and happiness for him and Anita forever.

There is a point to this personal introduction. We in sports dentistry have precious little easily accessible written information on sports dentistry. Dennis Ranalli has produced two wonderful *Dental Clinics of North America (1991 and 2000)* which have served us as textbooks for quite a while. A future one of these is being considered now. When the Academy became partners in the journal *Dental Traumatology*, the editor in chief, Martin Trope, diligently introduced good quality articles on Sports Dentistry into each issue. The current editor, Lars Andersson, has continued this

effort. These resources, along with a variety of chapters and articles on sports injuries and their prevention in different textbooks and journals which many of our members have been involved with, constitute what I consider our available bank of information.

My most valuable source of information, however, has always been the personal interaction with fellow members. Every year I come away from our Annual Session learning a tremendous amount from friends, old and new, whether dentists, hygienists, trainers, or our corporate sponsors. A huge part of what I know about sports dentistry, I dare say the majority, has been received in this way. Our annual session is uniquely set up to enable this interaction. It is a very close and comfortable gathering in which no one is unapproachable. I believe that it is my only way to ensure that I am up to date on sports dentistry. For this year's schedule go to [www.sportsdentistry-asd.org](http://www.sportsdentistry-asd.org).

Our organization needs a good turnout in St. Louis this year. And we, as individuals, need to meet all the people who can be friends and resources to us. The older members have been replaced by the Emilio Canals, Mike Messinas, Mark Roettgers, Jeffrey Hoys, Enrique Amys, and King Scotts of the ASD. There are so many others. Get to know them. Come to St. Louis.

I just had a phone call from Bill Godwin. Bill is in his eighties now but still very active at the University of Michigan. He wrote his first article on mouthguards in the year I was born, 1955. I always learn something from Bill. I'm so glad that I know him. We all need to know someone like Cos and Bill.

# University of Buffalo Mouthguard Program



According to Shelly Lott, executive secretary of the Academy for Sports Dentistry, one of the most common requests she receives is for information or guidance as to how to run a “mouthguard program” or “mouthguard clinic.” While many of our members have done this for years the actual process varies from individual to individual. What follows is an example of a program at the University of Buffalo, School of Dental Medicine under the direction of Dr. David Croglia, which has taken place annually since 1994. I hope that this example will foster an ongoing and lively discussion in the newsletter on how best to run a mouthguard program.

Dr. Croglia has been a member of the ASD since 1995 and is a part-time faculty member at the University of Buffalo, School of Dental Medicine. He holds a senior elective class for dental students on Sports Dentistry. Students of this class (10-15 each year) and interested residents in the AEGD residency take part in the mouthguard program for the football team each summer. In addition, they make mouthguards for athletes in basketball, wrestling, softball, and soccer when requested. The football mouthguard program started in 1994 as UB made the transition from Division III to Division I football. He first initiated this program after obtaining permission from the Athletic Director, the Head Trainer, and the Dean of the dental school.

Informed consent for mouthguard fabrication is obtained for all the athletes and dental impressions are taken of each player in either the football or basketball trainer’s room. Disposable plastic trays of several different types and sizes are used with alginate and the impressions are poured in Jade Die Stone.

The mouthguards are vacuum formed and several different machines are available to the students. For the colored mouthguards necessary for football, ProForm laminated material is used. Each guard is trimmed by the students for evaluation and grading by Dr. Croglia to ensure proper fit and

extension. The mouthguards are then delivered to the athletic trainers for delivery to the players. No occlusal equilibration is done but Dr. Croglia is available for adjustments if needed. The athlete’s dental cast is kept for replacement mouthguards which may be required during the season.

When asked why he used vacuum formed mouthguards rather than heat pressure laminates, Dr. Croglia said that in his opinion, “there seems to be no evidence (and certainly nothing compelling) that there is a *practical* advantage to using a pressure laminated mouthguard over a vacuform.” Given that the bottom line in dental protection is how well something protects teeth, Dr Croglia feels that the literature does not support the idea that a heat pressure mouthguard is more protective than a vacuum formed guard.

There are practical reasons for the students to use the vacuum technique. “First, the students have easy access to vacuforming machines throughout the school. Second, the reality is that unless they have other laboratory needs, it is unlikely that many will have pressure laminating machines available to them or that they will purchase them in the future just to make mouthguards.”

The students are taught the heat pressure lamination technique and the differences between the two types are evaluated. For both types, proper model fabrication, careful material manipulation and thickness control are stressed. Dr. Croglia does state that he doesn’t “believe that this has to be a one or the other issue. Both techniques are good, both have been shown to be superior to stock or thermoplastic moldable types of mouthguards, and with care when fabricated, both have demonstrated protection from dental injuries in athletes.”

Dr. Croglia thinks that most football players wear his guards and usually only about ten players opt to use other types. The athletic trainers are responsible for the supervision of the mouthguards during the season and if they notice excessive wear or poor fit, they will request a new one from Dr. Croglia.

*Continued to page 7*





# Dental Coverage for the Rugby World Cup

The 2007 Rugby World Cup was held this year in France and included teams from 20 countries. There were 48 individual games which were held in ten different cities in France and two outside of France, Edinburgh and Cardiff in the United Kingdom. International Rugby is a very physical sport and is played with a minimum of protective equipment so medical and dental coverage is absolutely essential. An international tournament of this type obviously presents some complicated logistical issues for medical and dental coverage and Dr. Francois Laborde, Tournament Medical Director, was kind enough to describe how the dental needs of the players were handled.

The covering dentist on each match day was an oral and maxillofacial surgeon who was on call at a local hospital. The onsite medical teams were all given two "Save-a-Tooth" kits which could hold the teeth until the athlete could arrive at the hospital. In addition, the medical teams were given a list of recommendations from the International Association for Dental Traumatology to guide them with on site first aid.

Dental coverage was also extended for non-match days in the venue cities at each team's base camps.

Base Camps were each team's home base at the venue city in which they were playing. Coverage was available 24 hours a day, seven days a week. In addition, game officials and the International Rugby Board could utilize the dental coverage as well.

Dr. Laborde stated that the dental injuries which were encountered were less than anticipated and none of the Save-a-Tooth kits were used. This does follow the information we have seen from other major sporting events such as the Olympics. Dr. Laborde listed thirteen dental incidents and of these, eight were caries related. There were two mouthguard replacements, one bridge dislocation, and one "broken tooth." There was one incidence of trauma from a match. The problems represented players from eight different teams, the referees and one International Rugby Board representative.

This year's winner of the Rugby World Cup was South Africa as they defeated England in the final. The 2011 Rugby World Cup will be held in New Zealand. Information on the World Cup and on International Rugby in general can be obtained from the International Rugby Board at [www.IRB.com](http://www.IRB.com).

## ***University of Buffalo Mouthguard Program*** *continued from page 5*

Obviously, Dr. Croglio should be congratulated on both his long term commitment to the sports programs at the University of Buffalo and his development of a sports dentistry lecture series for the dental students and residents. I am very grateful for his input in this short article. It should be obvious however that many of our members run their programs differently. I have often said that our

best learning comes from one another and it would be valuable to get input from other members on how they run their programs. We would welcome and encourage any letters to the newsletter which this may have inspired. Address email correspondence to [mbyers@insightbb.com](mailto:mbyers@insightbb.com). Please put "Mouthguard Program" in the subject line.

# Massachusetts Overturns Mouthguard Mandate for High School Basketball

The Massachusetts Interscholastic Athletic Association voted to overturn a rule originally instituted in July of 2003 which previously mandated that mouthguards be used for boys and girls high school basketball. In a decision in August of this year, the mandatory use of mouthguards for high school soccer players will remain in place for the upcoming soccer season. These decisions will be in effect for at least two years. The reversal of the basketball mandate was frustrating to many including the Massachusetts Dental Society which had mounted a very ambitious campaign to support the use of custom-fitted mouthguards in the state.

The Sports Medical Committee of the MIAA VOTED UNANIMOUSLY TO MAINTAIN THE MANDATORY REGULATION. The soccer rule was initially overturned in June but without input from the medical committee. Subsequently the mandate was maintained but only after the sports medical committee presented information, research, and documented support from the University of North Carolina, the American Dental Association, and the Academy for Sports Dentistry, the National Athletic Trainers Association, and the Massachusetts Dental Society. Injury reports from the NCAA and from the University of Texas, San Antonio were also presented. Among the members of the Sports Medicine Committee supporting the mandate were Dr. John Richmond, an orthopedist from New England Baptist Hospital, Jeff Stone, head athletic trainer from Suffolk University, and Dr. Paul Epstein, a dentist and member of ASD from Burlington, Massachusetts.

Arguments against the rules were the predictable in the “difficult to speak/difficult to breathe” vein which have been used often. In addition, according to Dr. Epstein, those opposed argued that most guards were loosely fitting and often dropped onto the floor and were replaced without proper washing. This argument was even more strongly voiced for soccer and the lack of cleanliness of the turf. It was pointed out that sports such as football, lacrosse, and field hockey haven’t reported any hygiene issues.

When the mandates in soccer and basketball were instituted, the Massachusetts Dental Society implemented an ambitious “Grin and Wear It” program to inform dentists and the public about the benefits of mouthguards and especially custom-fitted mouthguards. One of the more innovative initiatives was the creation of a statewide list of dentists who would supply custom-fitted mouthguards to athletes at a reduced rate. The cost was not standardized but Michelle Sanford of the MDS said that she thought that most of the dentists would discount their guards by 20-30%. The rates for custom-fitted mouthguards in Massachusetts were estimated at 35-200 dollars.

Dr. Epstein said that he felt that there were several other reasons for the rule reversal discussions in basketball and soccer. He states that, “The decision making bodies, as well as the coaches, have not had the opportunity to become informed of the scientific information supporting the advantages of wearing mouthguards and are therefore unable to make the correct decisions of making mouthguards mandatory.” Also, while he was listed by the MDS as a discount mouthguard provider, Dr. Epstein said that he was never contacted to make a single guard for a non-patient indicating that the student athletes and parents were not taking advantage of this service.” And finally, it seemed that the members of the committees were just “not listening to facts” when presented with information on dental injury prevention.

When dental professionals attend sports dentistry lectures they often ask why rule making bodies just mandate the use of mouthguards. Dr. Epstein feels “The answer is the lack of education of the coaches, athletic directors and principals.” The Academy for Sports Dentistry supports the use of mandatory mouthguard rules but acknowledges the difficulty in maintaining the rules. This is a very good example of how frustrating it can be to increase the use of mouthguards in high school sports which have a significant oral injury risk.

# Academy for Sports Dentistry 2008 Annual Symposium

JUNE 19-21, 2008 • ST. LOUIS, MISSOURI

## REGISTRATION INFORMATION

### MEALS

Continental breakfasts on Thursday, Friday and Saturday mornings; lunch on Thursday and the reception on Friday evening are included in the full registration fee.

### REGISTRATION BY MAIL

Registrations must be mailed along with your check or credit card payment to: Academy for Sports Dentistry  
118 Faye Street, P.O. Box 364, Farmersville, IL 62533 USA

Complete this form and mail with your check or credit card payment today! (please type or print)

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## SUMPOSIUM 2008 - ACADEMY FOR SPORTS DENTISTRY, JUNE 19-21, 2008

### 2008 SYMPOSIUM REGISTRATION FEES

(All Three Days): Attendees can claim up to 16 hours of CE for full participation **ACADEMY**

- Members \$450.00
- Non-members \$550.00
- Hygienists, Dental Assistants, Athletic Trainers  
(Not registered for the NATA meetings) \$250.00  
(Three Continental Breakfasts, Breaks, Recognition Luncheon, and Presidents Reception are included in full symposium fee)
- Students \$ \_\_\_\_\_ Complimentary  
(meals are not included however tickets can be purchased separately)

Optional Events: The following event is NOT included in the full symposium registration, however tickets can be purchased.

- Friday optional box lunch \$25.00

Optional Event: The following event tickets are included in the full symposium registration, however extra tickets can be purchased for these events for students, spouses and guests.

- Recognition Luncheon \$50.00
- Presidents Reception \$60.00

### MAKE CHECKS PAYABLE TO:

Academy for Sports Dentistry or check appropriate credit card:

- VISA
- MasterCard

Account # \_\_\_\_\_ Expires \_\_\_\_\_

Name on Account \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### REGISTRATION FEES

Checks must be in U.S. Funds. Credit card payments are accepted.

### REFUND POLICY

A full refund, less a \$35.00 administrative fee, will be made up to three weeks prior to the symposium. No refunds after May 23, 2008.

- Special accommodations \_\_\_\_\_

### MEMBER BRING A COLLEAGUE

Any current ASD member who brings a non member dentist to the 2008 ASD symposium will receive 10% off of their registration fee for each non-member dentist that they bring. In addition, each non-member dentist sponsored by an ASD member will also receive the 10% discount.

Referred by \_\_\_\_\_  
ASD Member Dentist

# \_\_\_\_\_ of non-member dentists referred (see attached forms)

\_\_\_\_\_ % off of registration fee for non member referrals

10% discount for non member dentists who are attending with an ASD member.

In the event of a cancellation of a colleague you will be responsible for the 10% balance due on your registration fee.

Non member dentist registration fee must be paid at the same time as the member registration fees.

### HOTEL RESERVATIONS

Overnight accommodations at the Ritz-Carlton Hotel are available at a special rate of \$169.00 per night. In order to get the special rate you will need to tell the reservations department that you are attending the Academy for Sports Dentistry 2008 Symposium. All major credit cards are accepted. Call (314) 863-6300 or (800) 241-3333. Or you may make your reservations on line at [www.ritzcarlton.com](http://www.ritzcarlton.com), choose the St. Louis property and enter the code of ASDASDA. This special rate is in effect until May 16, 2008; however, we suggest you reserve early, as there is a limited number of rooms at the group rate.

Symposium registration fee	\$ _____
Additional tickets for optional events	\$ _____
Discount for referral program _____ %	\$ _____
<b>TOTAL AMOUNT ENCLOSED</b>	<b>\$ _____</b>

Please return form as soon as possible to:

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