The Newsletter of the
International Academy for Dental-Facial Esthetics

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The Regents are now accepting **nominations** for
2014 Fellowship Inductees.

The Annual Fellowship Meeting will take place in conjunction with the Greater New York Dental Meeting. The Fellowship **Cap and Gown ceremony**, for which inductees must be present, will be held on **Monday, December 1st at 6:00 PM** at **the Harmonie Club**.
4 East 60th St New York, NY

Email your nominations to …..**info@iadfe.org**

Renew your Fellowship for 2015

2015 Membership fees are due NOW…
And include your dinner at the New Fellows Induction Ceremony

Annual dues are $100.00 USD

Visit www.iadfe.org
E-mail, call or fax
info@iadfe.org
Tel +1-800-254-2424 - Fax +1-212-688-2966

We Need Your Support

IADFE Membership Renewal Dues Notice

Your 2015 Membership Dues
assure continued listing in the online IADFE membership directory,
use of the IADFE logo on your business communications,
& entrance to the Annual Fellowship Induction Dinner at the Greater New York Dental Meeting.
All this for only $100.00 per year!

How to renew your IADFE membership!

1. Visit www.iadfe.org and renew online. Online renewal can be securely made from the IADFE website using a Visa, Master Card, American Express, or Discover credit card.

2. Complete the form below and send payment IADFE New York Office **FAX +212-688-2966 or info@iadfe.org**.

If paying by credit card, be certain to sign the form in the space provided and make a copy for your records. **Mail to :**

654 Madison Avenue Suite 1001 New York, NY 10021

3. Contact Jennifer at IADFE with your payment information **info@iadfe.org**

Tel +1-800-254-2424

Enclosed is payment of $100.00 to renew my ADFE membership for 2015 **(PLEASE PRINT)**

Title Dr. Mr. Mrs. Ms Name

Name_____

Address_____

City _____State_____

Zip Code_____ Country _____

E-mail _____

Telephone _____

I prefer to renew my IADFE Fellowship via credit card. Credit Card type: Visa MC AMEX

Cardholder name: _____

Credit card #:_____

Expiration date:_____

Cardholder Signature _____

I will be attending the 2014 Annual New Fellow Dinner ___ Yes ___ No

# of Guests @ $120.00/person _____

Total amount to be billed to my credit card $ _____