Please check the examination for which you are applying:

_____ IBO Written Examination and IBO Clinical Case Examination (US $750.00)
_____ IBO Written Examination ONLY (US $100.00)
_____ IBO Clinical Case Examination ONLY (US $650.00)*

*Candidates must have passed the IBO Written Examination prior to taking the IBO Clinical Case Examination.

IAO ID
Date Joined (MM/YYYY)

Candidate Demographic Information

Name
Address
City State Zip/Postal Code
Country Phone Fax
Email

Date of Birth (optional)
Citizenship (optional)

Candidate Practice Information

Please Check
General Dentist Pediatric Dentist Otho
Limited

Please Check Private Practice # of Years in Private Practice
Solo # of Years, Solo

Educational History

Undergraduate University: Degree Date Awarded (MM/YYYY)

Dental School: Degree Date Awarded (MM/YYYY)

Postgraduate School: Degree Date Awarded (MM/YYYY)
## Professional Affiliation

**University (Faculty) Affiliations:**

__________________________________________________________

**Professional Memberships:**

__________________________________________________________

**Honors, Awards:**

__________________________________________________________

**Published Articles:**

__________________________________________________________

**Community Activities:**

__________________________________________________________

## Payment Information

Please check payment type:

- ☐ MASTERCARD
- ☐ VISA
- ☐ AMEX
- ☐ DISCOVER
- ☐ US MONEY ORDER / US CHECK

Card Number ______________________________ Expiration Date (mo/yr) _______________

Security/CVV Code ____________

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Please return this form, with your payment to:

International Association for Orthodontics  
750 N Lincoln Memorial Dr., Ste 422  
Milwaukee, WI 53202 USA  
414/272-2757  Fax: 414/272-2754  
E-mail: jennba@iaortho.org