

Iowa Dental Association Annual Session/May 4-6, 2017 / Cedar Rapids
“The Future Has Arrived”

ADVANCE REGISTRATION FORM
Registration must be received by
APRIL 13, 2017

Dentist Name _____

Name of Practice or School _____

Address _____ District _____

City _____ State _____ Zip _____

ADA # _____ E-Mail _____

Phone _____ Fax _____

Payment Information

Check # _____ MC VISA

Credit Card # _____

Exp. Date _____ Security code _____

Total Amount Due: \$ _____

Office Use Only: Membership Verified _____
 Posted Date _____

Attendees – Registration/Course Fees

You must register for all courses you plan to attend – course passes required for all paid and free courses.

Dentist registration should be entered on line 1 below. If dentist is not attending, or already registered, check here

First Name	Last Name	Reg. Code	Reg. Fee	GC \$125	JO \$0	JOHA \$85	JOHP \$85	LG \$85	BW \$0	DMA \$0	DMP \$0	DPSA \$0	DPSP \$0	LL* \$125	ADA \$0	NC \$40	IC \$35	RR \$35	NDR \$0 RSVP	
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Event Codes & Fees

- GC**-\$125-Gordon Christensen
- JOHA**-\$85-Olmsted Hands-on/AM
- LG**-\$85-Lou Graham
- DMA**-\$0-Doug Mayer/AM
- DPSA**-\$0-DPS Tour & Lecture/AM
- ADA**-\$0-Medicaid
- IC**-\$35-Infection Control
- LL***-\$125-Lunch & Learn

- JO**-\$0-John Olmsted
- JOHP**-\$85-Olmsted Hands-on/PM
- BW**-\$0-BrownWinick
- DMP**-\$0-Doug Mayer/PM
- DPSP**-\$0-DPS Tour & Lecture/PM
- NC**-\$40-Nancy Chaffee
- RR**-\$35-Radiography Renewal

NDR-\$0-New Dentists Reception (guest included w/RSVP)

___Hamann ___Kanellis/Owais ___Restrepo-Kennedy ___Stock ___Mollsen

(one session per attendee – select your 1st three speaker preferences in case the session is full)

Registration Codes & Fees

Advance Reg Mail or Fax

Advance Reg Online

Reg On-Site

Advance Registration Deadline: APRIL 13, 2017

AD	ADA Member Dentist*	\$125	\$125	\$200	Dentists: 2017 dues must be paid to be eligible for advance registration.
AN	ADA New Member Dentist**	\$125	\$125	\$200	
AR	ADA Retired Life Dentist***	\$0	\$0	\$0	
NM	Non-member Dentist	\$1107	\$1107	\$1107	
DS	Dental Student	\$0	\$0	\$0	Dentists may not register as a spouse or family member.
GS	Graduate Student	\$0	\$0	\$0	
TC	Table Clinician-Dentist	\$0	\$0	\$0	
SP	Spouse	\$0	\$0	\$0	Spouses or family members who are dental assistants or dental hygienists needing to obtain continuing education credits should register as staff.
FM	Family Member	\$0	\$0	\$0	
DA	Dental Assistant	\$25	\$0	\$75	
DH	Dental Hygienist	\$25	\$0	\$75	
DL	Dental Lab Technician	\$25	\$0	\$75	
OP	Office Personnel	\$25	\$0	\$75	Staff who register online, but do not bring their badge, will be charged a \$25 processing fee.
DAS	Dental Assistant Student	\$25	\$0	\$75	
DHS	Dental Hygienist Student	\$25	\$0	\$75	
DLS	Dental Lab Tech Student	\$25	\$0	\$75	

Registration fee includes all non-fee courses, table clinics, and exhibits.

*11+ years in practice **10 years or less in practice

***must be **both** a life member and retired to qualify for Retired Life category

Confirmations/Badges/Course Passes

You should bring confirmation with you as proof of registration.

Online registrants will receive confirmation by e-mail. All other registrants will receive confirmation by mail or email.

Staff: Staff registering online must print out and bring their badge. For fast check-in, badge holders will be available to pick up outside the lecture rooms. Staff who register online, but do not bring their badge, will be charged a \$25 badge processing fee. Staff registering by mail or fax must pick up their badge in the registration area. **Course passes for all paid and free courses must be printed when registering online.**

Dentists: Dentists registering online do not need to print out their badge. Dentists may pick up their badge, spouse & family badges, and registration packet in the registration area. Course passes for all paid and free courses for dentists will be included in the registration packets.

Advance Registration Deadline: APRIL 13, 2017

Registration must be received by deadline date.

No refunds will be given after April 20. A \$25 processing fee per registration will be charged on refunds.

Mail: Iowa Dental Association, P.O. Box 31088, Johnston IA 50131

Fax: 515-334-8007

Online: www.iowadental.org

