

Waterloo District Dental Society Spring 2026 Meeting Registration



Four Ways to Register:

Mail: IDA, 666 Grand Ave Ste 901, Des Moines, IA 50309

Phone: 515.331.2298

Fax: 515.334.8007

Online: Scan the QR Code to the right



Attendees:

Assistant Dentist Hygienist Office Staff

Name: _____

ADA # (dentists only): _____

Email (for CEs): _____

Address: _____

City: _____ State: _____ Zip: _____

Assistant Dentist Hygienist Office Staff

Name: _____

ADA # (dentists only): _____

Email (for CEs): _____

Address: _____

City: _____ State: _____ Zip: _____

Assistant Dentist Hygienist Office Staff

Name: _____

ADA # (dentists only): _____

Email (for CEs): _____

Address: _____

City: _____ State: _____ Zip: _____

Fees:

Dental Team Members _____ x \$70

WDDS Member Dentists _____ x \$125

Non-Member Dentists _____ x \$200

Total Fees: \$ _____

Payment Information:

Payment Type (check one): Check Credit Card

Checks payable to the Waterloo District Dental Society

Card number: _____

Name on Card: _____

Expiration Day: ____/____ Billing Zip Code: _____