

# REGISTRATION FORM

Yankee Dental Congress® 2018

ONE form per person. A guest may not be a dentist, hygienist, assistant, technician, or office personnel.

Please check the appropriate fee:		Early Bird By 11/10	Discount 11/11 - 1/5	Regular 1/6 - On-site
<input type="checkbox"/>	M ADA Member Dentist including Canada, Foreign Dental Society, Military, VA, Public Health, MDs and DVMs	\$95	\$130	\$155
<input type="checkbox"/>	N Non-ADA Member	\$195	\$260	\$310
<input type="checkbox"/>	R Retired Life ADA Member	NC	NC	NC
<input type="checkbox"/>	DH Dental Hygienist	\$65	\$90	\$105
<input type="checkbox"/>	DT Dental Technician	\$50	\$75	\$90
<input type="checkbox"/>	DA Dental Assistant	\$50	\$75	\$90
<input type="checkbox"/>	OP Office Personnel	\$50	\$75	\$90
<input type="checkbox"/>	PD Postdoctorate	\$35	\$40	\$40
<input type="checkbox"/>	S Student	\$35	\$40	\$40
<input type="checkbox"/>	MP Medical Professional (excluding MD & DVM)	\$65	\$90	\$105
<input type="checkbox"/>	EO Expo Only (Select day below) <input type="checkbox"/> Thursday 1/25 <input type="checkbox"/> Friday 1/26 <input type="checkbox"/> Saturday 1/27	NC	\$50	\$75
<input type="checkbox"/>	GO Guest Over 18 (Fill out Guest Information below)	\$30	\$55	\$55
<input type="checkbox"/>	GU Guest Under 18 (Fill out Guest Information below)	NC	NC	NC
<input type="checkbox"/>	DD Dental Dealer	\$180	\$185	\$190

Office  Home

Yankee Dental releases your mailing address to exhibitors upon request so that you may receive related information and show specials. You may check this box to opt out, and your information will be withheld.

COURSES AND SOCIAL EVENTS							
COURSE/EVENT CODE	QTY	FEE	TOTAL	COURSE/EVENT CODE	QTY	FEE	TOTAL
<input style="width: 25px; height: 20px;" type="text"/>	___ x ___	=	_____	<input style="width: 25px; height: 20px;" type="text"/>	___ x ___	=	_____
<input style="width: 25px; height: 20px;" type="text"/>	___ x ___	=	_____	<input style="width: 25px; height: 20px;" type="text"/>	___ x ___	=	_____
<input style="width: 25px; height: 20px;" type="text"/>	___ x ___	=	_____	<input style="width: 25px; height: 20px;" type="text"/>	___ x ___	=	_____

You are responsible for scheduling conflicts; please fill out this form carefully! Check your email confirmation to be sure your selected courses are available.

## HOW TO REGISTER

**ONLINE**  
Visit yankeedental.com for updated information and to register with  
**NO PROCESSING FEE.**

**MAIL\***  
Yankee Dental Congress 2018 Registration  
c/o Convention Data Services  
107 Waterhouse Road  
Bourne, MA 02532

**FAX\***  
508.743.9677  
Credit card registrations ONLY!  
If you fax your registration, DO NOT MAIL THE ORIGINAL!

**PERSONS WITH DISABILITIES**  
Please contact Yankee Customer Service at 877.515.9071.

**\*There will be a \$20 processing fee per registration form received via mail or fax due to increased administrative costs.**

## ADA MEMBER SAVINGS

- Sign up before November 10, 2017
- All Access Pass \$299**  
Register for 3 Paid Courses (up to \$95 each)  
Receive Member Registration (\$95 Value)
  - Flex Pass \$245**  
Register for 2 Paid Courses (up to \$95 each)  
Receive Member Registration (\$95 Value)
  - Value Pass (Includes Staff)**  
Register for 4 Paid Courses  
Receive FREE Registration (up to \$95 Value)

**Dentist's Specialty**

00 GP  20 Ortho  50 Prosth  
 10 Oral Surg  30 Pedo  60 Oral Path  
 15 Endo  40 Perio  70 Pub Health

DMD  DDS  RDH  
 CDA  RDA  CDT

**Priority/Promo Code:**

## GUEST INFORMATION

\_\_\_\_\_

Guest 1 Full Name

\_\_\_\_\_

Guest 2 Full Name

\_\_\_\_\_

Guest 3 Full Name

## PAYMENT METHOD

*MDS reserves the right to audit or adjust any total charges due to registrant errors.*

**REGISTRATION FEE:** \_\_\_\_\_  
**GUEST FEES:** \_\_\_\_\_  
**COURSE/EVENT FEES:** \_\_\_\_\_  
**PROCESSING FEE:\*** \$20  
**TOTAL:** \_\_\_\_\_

**Check** - Please make checks payable to: **Massachusetts Dental Society**

**Credit Card**  
Charge to:  MasterCard  Visa  American Express

Account Number

Exp. Date (month/year)  
Must be valid thru dates of meeting.

\_\_\_\_\_

Please Print Cardholder Name

\_\_\_\_\_

Authorized Signature of Cardholder

I have read and accept all the policies regarding cancellations and refunds listed in the Yankee Program Book. Signature indicates approval for charges to your account.

All credit card transactions are processed in U.S. dollars and are subject to current exchange rates. Returned checks are subject to a \$25 fee. Registrants without the appropriate fee will not receive a confirmation until the balance due is paid.