

UPDATE FORM

Yankee Dental Congress® 2018

JANUARY 24 – 28, 2018

ADA Number for Dentists

ADA Number for Dentists

First Name

Middle

Last Name

Email Address

Office Telephone

Cell Phone

CHECK ONE

- I have received my confirmation. Please make the following changes.

My registration number is:

- Add the following guest(s). There is a \$30 registration fee per guest before 11/10/17, and \$55 thereafter. There is no charge for family members under 18. A guest may not be a dentist, hygienist, assistant, technician, office personnel, or student in the dental profession.

Guest Full Name Fee

Guest Full Name Fee

- ADD** the following course(s). Check your email confirmation to be sure your selected courses are available. Full payment is included.

COURSE/EVENT CODE	QTY	FEE	TOTAL	COURSE/EVENT CODE	QTY	FEE	TOTAL
<input type="text"/>	___ x	___ =	___	<input type="text"/>	___ x	___ =	___
<input type="text"/>	___ x	___ =	___	<input type="text"/>	___ x	___ =	___
<input type="text"/>	___ x	___ =	___	<input type="text"/>	___ x	___ =	___

- CANCEL THE FOLLOWING COURSE(S)**. I understand that a \$5 processing fee per course will be deducted from my refund. I have enclosed the unwanted tickets (if received).

COURSE/EVENT CODE	QTY	FEE	TOTAL	COURSE/EVENT CODE	QTY	FEE	TOTAL
<input type="text"/>	___ x	\$5.00 =	___	<input type="text"/>	___ x	\$5.00 =	___
<input type="text"/>	___ x	\$5.00 =	___	<input type="text"/>	___ x	\$5.00 =	___

- CANCEL MY ENTIRE REGISTRATION**. I understand that a \$20 processing fee will be deducted from my refund. I am enclosing all badges and tickets (if received). Refunds will be issued in March 2018.

PAYMENT METHOD

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

CREDITS: _____

GUEST FEES: _____

COURSE/EVENT FEES: _____

CANCELLATION FEES: _____

TOTAL: _____

Payment Credit

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

- Credit Card**

Charge to: MasterCard Visa
 American Express

Account Number

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 approval will not receive a confirmation until the balance due is paid.

CONTACT US

YANKEE CUSTOMER SERVICE

877.515.9071

Monday – Friday, 9:00 am – 5:00 pm ET

VISIT YANKEEDENTAL.COM

For updates, hotel information, and the latest course and program information.

MAIL

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

FAX

508.743.9677