

# REGISTRATION FORM

Yankee Dental Congress® 2020

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 11/8	Discount 11/9 - 1/10	Regular 1/11 - On-site
<input type="checkbox"/> M	ADA Member Dentist including Canada, Foreign Dental Society, Military, VA, Public Health, MDs and DVMs	\$99	\$139	\$169
<input type="checkbox"/> N	Non-ADA Member	\$210	\$280	\$350
<input type="checkbox"/> R	Retired Life ADA Member	NC	NC	NC
<input type="checkbox"/> DH	Dental Hygienist	\$69	\$99	\$119
<input type="checkbox"/> DT	Dental Technician	\$59	\$79	\$99
<input type="checkbox"/> DA	Dental Assistant	\$59	\$79	\$99
<input type="checkbox"/> OP	Office Personnel	\$59	\$79	\$99
<input type="checkbox"/> PD	Postdoctorate	\$39	\$49	\$49
<input type="checkbox"/> S	Student	\$39	\$49	\$49
<input type="checkbox"/> MP	Medical Professional (excluding MD & DVM)	\$79	\$99	\$119
<input type="checkbox"/> EO	Expo Only (Select day below) <input type="checkbox"/> Thursday 1/30 <input type="checkbox"/> Friday 1/31 <input type="checkbox"/> Saturday 2/1	NC	\$65	\$79
<input type="checkbox"/> GO	Guest Over 18	\$35	\$65	\$65
<input type="checkbox"/> GU	Guest Under 18	NC	NC	NC
<input type="checkbox"/> DD	Dental Dealer	\$199	\$209	\$249

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
ADA Number for Dentists	Year of Dental School Graduation	
<input type="text"/>		
Employer's Name		
<input type="text"/>		
Complete Mailing Address <input type="checkbox"/> Office <input type="checkbox"/> Home		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip+4
<input type="text"/>		
Email Address		
<input type="text"/>	<input type="text"/>	
Office Telephone	Cell Phone	

☐ 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 type="text"/>	x	=		<input type="text"/>	x	=	
<input type="text"/>	x	=		<input type="text"/>	x	=	
<input type="text"/>	x	=		<input 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](http://yankeedental.com) for updated information and to register with  
**NO PROCESSING FEE.**

### MAIL\*

Yankee Dental Congress 2020 Registration  
Two Willow St  
Southborough, MA 01745

### FAX\*

781.519.4863  
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 \$25 processing fee per registration form received via mail or fax due to increased administrative costs.**

## SAVE AT YANKEE 2020

Sign up before November 8, 2019

### MDS MEMBERS:

- ☐ **MDS Platinum Office Pass \$599**  
An MDS member can register along with two other colleagues or staff and receive 2 paid courses each (up to \$99 each)

### ADA MEMBERS:

- ☐ **All Access Pass \$299**  
Register for 3 Paid Courses (up to \$99 each)  
Receive Member Registration (\$99 Value)
- ☐ **Value Pass (Includes Staff)**  
Register for 4 Paid Courses  
Receive FREE Registration (up to \$99 Value)

### Priority/Promo Code:

- ☐ DMD ☐ DDS ☐ RDH  
☐ CDA ☐ RDA ☐ CDT

### Dentist's Specialty

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

## 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:** \* \$25

**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.