

REGISTRATION FORM

Yankee Dental Congress® 2019

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 11/9	Discount 11/10 - 1/4	Regular 1/5 - On-site
<input type="checkbox"/>	M ADA Member Dentist including Canada, Foreign Dental Society, Military, VA, Public Health, MDs and DVMs	\$99	\$135	\$165
<input type="checkbox"/>	N Non-ADA Member	\$199	\$270	\$330
<input type="checkbox"/>	R Retired Life ADA Member	NC	NC	NC
<input type="checkbox"/>	DH Dental Hygienist	\$69	\$95	\$115
<input type="checkbox"/>	DT Dental Technician	\$55	\$79	\$99
<input type="checkbox"/>	DA Dental Assistant	\$55	\$79	\$99
<input type="checkbox"/>	OP Office Personnel	\$55	\$79	\$99
<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)	\$69	\$95	\$115
<input type="checkbox"/>	EO Expo Only (Select day below) <input type="checkbox"/> Thursday 1/31 <input type="checkbox"/> Friday 2/1 <input type="checkbox"/> Saturday 2/2	NC	\$59	\$79
<input type="checkbox"/>	GO Guest Over 18 (Fill out Guest Information below)	\$35	\$59	\$59
<input type="checkbox"/>	GU Guest Under 18 (Fill out Guest Information below)	NC	NC	NC
<input type="checkbox"/>	DD Dental Dealer	\$185	\$189	\$199

ADA MEMBER SAVINGS

Sign up before November 9, 2018

- 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)

Dentist's Specialty

- | | | |
|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> 00 GP | <input type="checkbox"/> 20 Ortho | <input type="checkbox"/> 50 Prosth |
| <input type="checkbox"/> 10 Oral Surg | <input type="checkbox"/> 30 Pedo | <input type="checkbox"/> 60 Oral Path |
| <input type="checkbox"/> 15 Endo | <input type="checkbox"/> 40 Perio | <input type="checkbox"/> 70 Pub Health |
| <input type="checkbox"/> DMD | <input type="checkbox"/> DDS | <input type="checkbox"/> RDH |
| <input type="checkbox"/> CDA | <input type="checkbox"/> RDA | <input type="checkbox"/> 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.

First Name Middle Last Name

ADA Number for Dentists Year of Dental School Graduation

Employer's Name

Complete Mailing Address Office Home

City State Zip+4

Email Address

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 for updated information and to register with

NO PROCESSING FEE.

MAIL*

Yankee Dental Congress 2019 Registration
c/o Convention Data Services
7 Technology Park Drive
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.**