

Registration Form

One registrant per form (duplicate this form for additional registrants) • Register online at csdadentalmeeting.com

Full name _____

DMD DDS Specialty _____

(if applicable): ADA # _____ AGD # _____

Office name _____

Mailing address _____

(Where your registration materials will be mailed to. No PO boxes, please.)

Street _____

City _____ State _____ Zip _____

Phone _____

Email _____

Registration fee rates

	Early	After April 1
<input type="checkbox"/> Dentist 1st year CSDA Member	no fee	\$65
<input type="checkbox"/> Dental Resident/Student*	no fee	\$20
<input type="checkbox"/> CSDA Retired Life Member	no fee	\$40
<input type="checkbox"/> CSDA Member Dentist	\$80	\$100
<input type="checkbox"/> ADA Member Dentist	\$100	\$120
<input type="checkbox"/> Non-ADA Member Dentist	\$150	\$175
<input type="checkbox"/> Hygienist	\$45	\$65
<input type="checkbox"/> Dental Assistant	\$45	\$65
<input type="checkbox"/> Dental Office Staff	\$45	\$65
<input type="checkbox"/> Lab Owner/Tech	\$45	\$65
<input type="checkbox"/> Guest/Spouse	\$45	\$65

Guest/Spouse of _____

Please be sure to provide an email address to receive a confirmation and other important information.

*A copy of your student ID or a letter from a department head verifying your status must accompany your registration.

Thursday, May 14th

Course code _____ Speaker's last name _____ Course Fee \$ _____

Course code _____ Speaker's last name _____ Course Fee \$ _____

Course code _____ Speaker's last name _____ Course Fee \$ _____

Course code _____ Speaker's last name _____ Course Fee \$ _____

Course code _____ Speaker's last name _____ Course Fee \$ _____

I would like to purchase a gourmet lunch for Thursday (\$25): Italian Chicken Turkey Portabella

Please register me for the Western themed party on Thursday Night (\$60 per person)

Friday, May 15th

Course code _____ Speaker's last name _____ Course Fee \$ _____

Course code _____ Speaker's last name _____ Course Fee \$ _____

Course code _____ Speaker's last name _____ Course Fee \$ _____

I would like to purchase a gourmet lunch for Friday (\$25): Italian Chicken Turkey Portabella

Saturday, May 16th

Course code _____ Speaker's last name _____ Course Fee \$ _____

Payment information

Total due (including registration fee)

\$ _____

Please note: The CSDA reserves the right to verify registration type. If necessary, you will be contacted to address any discrepancies.

Check payable to CSDA enclosed or MasterCard Visa American Express

Card # _____ Exp. Date ____/____

CVV _____ Billing address _____

City _____ State _____ Zip _____

Signature _____

Mail completed form and payment to: CSDA c/o Annual Meeting, 835 West Queen St., Southington, CT 06489

For questions, contact the CSDA at 860.378.1800.

Register at csdadentalmeeting.com