



May 3, 4, 6 and 8, 2021

CSDA Connect >>>

An Online Conference Experience

Interdisciplinary • Team-Oriented

Registration Form

Please print • One registrant per form (duplicate this form for additional registrants)

Please provide a unique email address for each attendee (required for attendee participation)

Full name _____

DMD DDS Specialty _____

(if applicable): ADA # _____ AGD # _____

Office name _____

Mailing address

Street _____

City _____ State _____ Zip _____

Phone _____

Email _____

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

Registration fee rates

- CSDA/RIDA Dentists \$75 *Exclusive member pricing*
- ADA/Non-CSDA Member \$99
- Non-ADA Member Dentist \$150
- Hygienist \$75
- Assistants \$75

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 ____/____

Billing address _____

City _____ State _____ Zip _____

Signature _____

Mail completed form and payment to: CSDA 835 West Queen Street, Southington, CT 06489

For questions regarding your registration, contact Dawn Champagne at 860-378-1800 x201.