

REGISTRATION FORM

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

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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	\$40
<input type="checkbox"/> Dental Resident/Student*	no fee	\$20
<input type="checkbox"/> CSDA Retired Life Member	no fee	\$40
<input type="checkbox"/> CSDA/RIDA Member Dentist	\$55	\$75
<input type="checkbox"/> ADA Member Dentist	\$75	\$95
<input type="checkbox"/> Non-ADA Member Dentist	\$125	\$150
<input type="checkbox"/> Hygienist	\$40	\$60
<input type="checkbox"/> Dental Assistant	\$40	\$60
<input type="checkbox"/> Dental Office Staff	\$40	\$60
<input type="checkbox"/> Lab Owner/Tech	\$40	\$60
<input type="checkbox"/> Guest/Spouse	\$40	\$60

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.

Wednesday, May 15th

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

Thursday, May 16th

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 an express lunch for Thursday (\$20): Italian Chicken Turkey Portabella

Please register me for the Jimmy Buffet Themed party on Thursday Night (\$60 per person)

Friday, May 17th

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

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

I would like to purchase an express lunch for Friday (\$20): Italian Chicken Turkey Portabella

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.