

# REGISTRATION FORM

One registrant per form (duplicate this form for additional registrants) • Register online at [csdadentalmeeting.com](http://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/RIDA 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.

## Wednesday, May 14th

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

## Thursday, 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 \$ \_\_\_\_\_

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 Beach Boys Themed party on Thursday Night (\$60 per person)

## Friday, May 16th

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

## 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.