

DENTISTRY

MAY 30 - JUNE 2

**CHANGING
THE WORLD**



**ONE SMILE
AT A TIME**

2019 MISSISSIPPI'S

**DENTAL MEETING
144TH ANNUAL SESSION**

MISSISSIPPI DENTAL ASSOCIATION • PERDIDO BEACH RESORT • ORANGE BEACH, AL

Please use one registration form per attendee.

Dr. / Mr./ Ms. (circle one)

First Name: _____ MI: _____ Last Name: _____

Title: (circle one) Dentists Hygienist Assistant Office Staff

Badge Name: _____

I work in the dental office of: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ E-mail: (for registration confirmation) _____

Name Badge Request for family members/guest:

Spouse Name (for badge if not staff member): _____

Name: _____ Name: _____

Name: _____ Name: _____

Additional Badges for family members/guest at \$10.00 per person.

Name: _____ Name: _____

Name: _____ Name: _____

Indicate the number of attendees in each category and calculate the total registration fee for each category.

Registration Categories and Fees

Categories	Quantity	prior/after April 30, 2019	Total \$
MDA Dentist		\$350.00 / \$400.00	_____
Out of State ADA Dentist		\$450.00 / \$500.00	_____
Non ADA Dentist		\$650.00 / \$725.00	_____
Graduated 2019, 2018, 2017 <i>holding valid MS Dental License</i>		\$75.00 / \$125.00	_____
UMC School of Dentistry Student <i>with valid student ID card</i>		\$50.00 / \$100.00	_____
Hygienist, Assistant or Office Staff		\$75.00 / \$125.00	_____
MDA Retired Life Member		No Fee – <i>No CE credits awarded</i>	_____
Spouse		No Fee (if not registering as an office staff member)	_____
Additional Family Badges		_____ X \$10.00 each	_____

Payment

Please make checks payable to the Mississippi Dental Association and send with completed registration form(s) to:

Mississippi Dental Association
439 B Katherine Drive
Flowood, MS 39232

Complete the information below for use of Credit Card

_____ Visa _____ MasterCard _____ American Express _____ Discover

Card Number: _____

Expiration Date: _____

Billing Address for CC account: _____

City: _____ State: _____ Zip: _____

Total amount to be charged: \$ _____

Signature: _____ Date: _____

Cancellation: Please advise the MDA office by written notice (fax or email) if you need to cancel your registration. A refund less a \$50.00 administration fee will be made for cancellations received prior to May 1, 2019. No refund will be issued for no-shows or cancellations made after April 30, 2019.