108th NATIONAL DENTAL ASSOCIATION VIRTUAL CONVENTION

"Shape our Future" JUNE 17-19, 2021

REGISTRATION

Membership Period: January 1 through December 31, 2021

Dental Specialty:

Today's Date:

Name _____ ❑ DDS ❑ DMD ❑ Male ❑ Female
First M.I. Last Hyphen Name Suffix

Preferred Mailing Address _____

City _____ State _____ Zip _____ ❑ Home ❑ Office ❑ New Address

Phone (Work) _____ (Fax) _____ (Home) _____

(Cell) _____ E-mail _____

Dental School _____ AGD Mem. # _____ Year Degree Conferred _____

REGISTRATION FEES:

Dates:	Member	Non-Member
March 2021	$200	$450
April - May	$250	$500
June - July	$300	$550

2021 MEMBERSHIP DUES:

❑ Active Member	$395
❑ Active Military/Affiliate/International/ Associate *(non-dentist)* /Full time faculty	$270
❑ Retired Member	$100
❑ 2019 Graduate*	$200
❑ 2020 Graduate*	$ 50
❑ 2021 Graduate*	$ 0
❑ Current Resident**	$ 50

All convention Spouses & guests, including office managers must register with ANDA; All hygienists must register with NDHA; All dental assistants must register with NDAA.

GRADUATES & RESIDENTS
DUES & REGISTRATION INFORMATION

DUES FOR GRADUATES*

NOTE: Copy of DDS or DMD diploma or letter from school confirming your degree date Is required for all Graduates (NO EXCEPTIONS). Residency Completion Certificates and Master Degrees do not qualify for "Graduate Status." Applications will not be processed until required documentation Is received.

DUES AND REGISTRATION FOR RESIDENTS**

NOTE: Copy of DDS or DMD diploma and letter from Chairman confirming your program start and end dates are required for all residents (NO EXCEPTIONS). Resident dues and registration are for dentists participating in a Residents program and NOT after the completion of the program. Applications will not be processed until all required documentation is received.

REMINDER: NDA Dues are structured as a tri-par-tite. Therefore, in order to be deemed a member-in-good-standing, your national, state, and local dues must be paid in full.

Registration Fees Total $ _____

Membership Dues Total $ _____

Sub-Total: $ _____

Grand Total: $ _____

No Refunds after May 1st.

PAYMENT INFORMATION

❑ Check or Money Order ❑ Credit Card

PAYMENT PLAN *(Must Be Paid In Full By May 31st)*

❑ 2 Months ❑ 3 Months

Card Holder's Name _____

❑ *AmEx*
❑ *Discover*
❑ *MasterCard*
❑ *VISA*

Credit Number _____

Expiration Date M M Y Y

CVV _____

Billing Zip-Code _____

Card Holder's Signature & Date _____

Form submitted by: ❑ Fax: *240.297.9181* ❑ Online: *www.ndaonline.org*

By signing this form, you give NDA permission to charge your card for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

OTHER CONTRIBUTIONS: A SEPARATE CHECK IS REQUIRED FOR EACH CONTRIBUTION [tax deductible - 501(c)3]

❑ NDA Endowment Fund $ _____ ❑ NDA Legacy Fund (donations also available online) $ _____

Mail in Check / Money Order to: National Dental Association, 6411 Ivy Lane, Suite 703, Greenbelt, MD 20770
or Fax form with credit card information to: 240.297.9181, Attn: Member Services. ALWAYS RETAIN A COPY FOR YOUR RECORDS.