



National Dental Association 2019 CONVENTION REGISTRATION

Membership period is for the calendar year January 1 through December 31, 2019

106th NDA CONVENTION
WASHINGTON, DC
JULY 17-21, 2019
RENAISSANCE DOWNTOWN HOTEL

PLEASE PRINT OR TYPE

REGISTER ONLINE AT www.ndaonline.org

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 _____ Year Degree Conferred _____

REGISTRATION FEES:

(No Checks Accepted On-Site)

CONVENTION REGISTRATION INCLUDES:

- Admission to All Scientific Sessions
- President's Reception - Thursday **NEW**
- Access to All Technical Exhibits
- Opening Session - Thursday

CATEGORIES	By December 31, 2018	JAN-MAR 30, 2019	APR - JUN 30, 2019	JULY AND ONSITE
NDA Member	☐ \$ 500	☐ \$ 550	☐ \$ 600	☐ \$ 750
New Dentist (<5yrs)	☐ \$ 350	☐ \$ 400	☐ \$ 450	☐ \$ 500
One Day Rate	☐ \$ 250	☐ \$ 300	☐ \$ 350	☐ \$ 400
Non-Member	☐ \$ 900	☐ \$ 950	☐ \$ 1000	☐ \$ 1150
Current Resident **	☐ \$ 300	☐ \$ 300	☐ \$ 325	☐ \$ 325
2018 Graduate	☐ \$ 300	☐ \$ 300	☐ \$ 325	☐ \$ 325

SPECIAL EVENT TICKETS	By December 31, 2018	JAN-MAR 30, 2019	APR - JUN 30, 2019	JULY AND ONSITE
WHS Awards Luncheon	___ x \$ 80 ___	___ x \$ 80 ___	___ x \$ 85 ___	___ x \$ 90 ___
Civil Rights Luncheon	___ x \$ 80 ___	___ x \$ 80 ___	___ x \$ 85 ___	___ x \$ 90 ___
Golf - Post Event	___ x \$140 ___	___ x \$160 ___	___ x \$180 ___	___ x \$190 ___
CPR Certification	___ x \$ 65 ___	___ x \$ 65 ___	___ x \$ 75 ___	___ x \$ 75 ___
Sub-Total \$				

2019 MEMBERSHIP DUES:

☐ Active Member	\$395
☐ Active Military/Affiliate/International/Associate (non-dentist) /Full time faculty	\$270
☐ Retired Member	\$100
☐ 2017 Graduate*	\$200
☐ 2018 Graduate*	\$ 50
☐ 2019 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; All students must register with SNDA.

PAYMENT INFORMATION

☐ Check or Money Order ☐ Credit Card ☐ Fax: 240.297.9181 ☐ Submit Online: www.ndaonline.org

Card Holder's Name

☐ AmEx ☐ Discover ☐ MasterCard ☐ VISA

Credit Number _____

Expiration Date _____ CVV _____ Billing Zip-Code _____

Card Holder's Signature & Date

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.

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: \$ _____

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) \$ _____ ☐ Emergency Fund _____

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.