

Alabama Dental Association • 141st Annual Session

REGISTRATION FORM FOR ALL ATTENDEES

Complete one form for each dentist. Photocopy this form to accommodate additional registrants.
Be sure to complete the front and back of this form. Please print all information.

DENTIST (PRIMARY REGISTRANT)

Name _____

Name for Badge _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone () _____

Fax () _____

Email _____

Card Holder's Billing Address Same as Above

Other _____

City _____ State _____ Zip _____

REGISTRATION CATEGORIES

Category	On or Before May 18	After May 18	On-Site
(A) ALDA/ ADA Member	\$150	\$180	\$300
(B) Non-Alabama ADA Member	\$225	\$280	\$450
(C) ALDA/ ADA Non-Member	\$550	\$600	\$775
(D) Retired ALDA Member	\$0	\$0	\$0
(E) Student/ Resident ASDA Member	\$0	\$0	\$0
(F) Dental Hygienist	\$25	\$40	\$50
(G) Dental Assistant	\$25	\$40	\$50
(H) Office Staff	\$25	\$40	\$50
(I) Lab Technician	\$25	\$40	\$50
(J) Dentist Spouse	\$0	\$0	\$0
(K) Non-Dentist Guest	\$0	\$0	\$0
(L) Youth (ages 4-12)	\$0	\$0	\$0
(M) Child (ages 0-3)	\$0	\$0	\$0

METHOD OF PAYMENT

Checks must be made payable to the Alabama Dental Association. Check Enclosed Visa Mastercard

Credit Card # _____ Exp. Date _____ Total Fees _____

Signature _____ Printed Name _____

Signature indicates approval for charges to your account.

Print name as it appears on card.

Mail registration forms to: ALDA 141st Annual Session, 6840 Meadowridge Court, Alpharetta, GA 30005. Please do not mail your form to the ALDA Office.

Register online at ALDAOnline.org or by mail. Registrations will not be accepted by phone or fax.

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DO YOU HAVE QUESTIONS OR NEED REGISTRATION ASSISTANCE? CALL (888) 645-4544

REGISTRATION FORM CONTINUED

Please complete the first section for the dentist (primary registrant) and one section for each additional attendee including spouse, staff, children and non-dentist guests.
Photocopy this form for additional registrants.

DENTIST BADGE NAME

_____ Last Name _____ First Name

ADA # _____

Do you plan to attend Lunch and Learn? Yes No Fee \$ _____

Table Choices: 1st _____ 2nd _____ 3rd _____
Event Code # Event Code # Event Code #

REGISTRATION

_____ Category _____ Fee \$

COURSES AND SPECIAL EVENTS

_____ Event Code # _____ Fee \$ _____ Event Code # _____ Fee \$

_____ Event Code # _____ Fee \$ _____ Event Code # _____ Fee \$

_____ Event Code # _____ Fee \$ _____ Event Code # _____ Fee \$

TOTAL FEE

_____ Total Fee \$

ADDITIONAL BADGE NAME

_____ Last Name _____ First Name

Do you plan to attend Lunch and Learn? Yes No Fee \$ _____

Table Choices: 1st _____ 2nd _____ 3rd _____
Event Code # Event Code # Event Code #

REGISTRATION

_____ Category _____ Fee \$

COURSES AND SPECIAL EVENTS

_____ Event Code # _____ Fee \$ _____ Event Code # _____ Fee \$

_____ Event Code # _____ Fee \$ _____ Event Code # _____ Fee \$

_____ Event Code # _____ Fee \$ _____ Event Code # _____ Fee \$

TOTAL FEE

_____ Total Fee \$

ADDITIONAL BADGE NAME

_____ Last Name _____ First Name

Do you plan to attend Lunch and Learn? Yes No Fee \$ _____

Table Choices: 1st _____ 2nd _____ 3rd _____
Event Code # Event Code # Event Code #

REGISTRATION

_____ Category _____ Fee \$

COURSES AND SPECIAL EVENTS

_____ Event Code # _____ Fee \$ _____ Event Code # _____ Fee \$

_____ Event Code # _____ Fee \$ _____ Event Code # _____ Fee \$

_____ Event Code # _____ Fee \$ _____ Event Code # _____ Fee \$

TOTAL FEE

_____ Total Fee \$

TOTAL FEES

(Includes registration courses and special event fees for all attendees)

\$ _____

Cancellation Policy: Cancellations must be made in writing and mailed to ALDA Annual Session, 6840 Meadowridge Court, Alpharetta, GA 30005. A full refund will be given if the written cancellation is received by May 18, 2010. An administrative charge of \$25 will be applied if the written cancellation is received after May 18. No refund will be issued after May 31, 2010.

DO YOU HAVE QUESTIONS OR NEED REGISTRATION ASSISTANCE? CALL (888) 645-4544