

# 2008 FLORIDA NATIONAL DENTAL CONVENTION ON-SITE REGISTRATION

PLEASE PRINT OR TYPE

Payor Name (Primary Registrant)		
Address (must include Suite/Apt if applicable)		
City	State	ZIP Code
Phone (include area code)	Fax (include area code)	
E-mail		

**2. Practice Type** (check one)

<input type="checkbox"/> General Practice	<input type="checkbox"/> Oral and Maxillo-facial Radiology	<input type="checkbox"/> Prosthodontics
<input type="checkbox"/> Endodontics	<input type="checkbox"/> Orthodontics	<input type="checkbox"/> Public Health
<input type="checkbox"/> Oral Medicine	<input type="checkbox"/> Pediatric Dentistry	<input type="checkbox"/> Dental School Faculty
<input type="checkbox"/> Oral Pathology	<input type="checkbox"/> Periodontics	<input type="checkbox"/> Dental Assoc. Admin.
<input type="checkbox"/> Oral Surgery		<input type="checkbox"/> Retired

### 3. Registration Categories

Categories	Code	On site	Categories	Code	On site
Dentist/FDA Member	FDA	\$50	TEAM UP Hygienist	TUP	\$50
Dentist/FDA Member Applicant	APP	\$50	Guest***	GST	\$50
Dentist/ADA Member	ADA	<del>\$245</del> \$125	Section Hygienist	SDH	\$50
Int'l Dentist/ADA Affiliate Member	IAM	\$280	Section Chairside Assistant	SDA	\$50
Int'l Dentist/Non-ADA Affiliate Member	INM	\$530	Section Business Assistant	SBA	\$50
Dentist/Non-ADA/FDA Member*	DNM	<del>\$500</del> \$250	<i>(office staff/manager)</i>		
Dental Student/ASDA Member	ASD	\$30	Section Lab Technician	SLT	\$50
Dental Student/Non-ASDA Member	ANM	\$75	Non-section Hygienist**	NSH	\$80
Dentist/ADA/FDA Life Member	DLM	\$30	Non-section Chairside Assistant**	NSA	\$80
FDA Past President	FPP	\$0	Non-section Lab Technician**	NSL	\$80
FDA Past President Spouse/Family	FPS	\$0	Non-section Business Assistant**	NSB	\$80
			Non-exhibiting Manufacturer /Non-dentist	NEM	\$550

\* Refer to membership incentives in brochure.  
\*\* Employees of FDA member dentists are designated FDA Section Members.  
\*\*\* Guests are the parents, spouse or over-18 children of registered attendee.

4. Primary Registrant	License No. (required for reporting)	Registration Category	Registration Fee	Course/ Event #	Fee \$	Course/ Event#	Fee \$	Course/ Event#	Fee \$	Course/ Event#	Fee \$	TOTAL
					\$		\$		\$		\$	\$
ADA No. (if applicable)					\$		\$		\$		\$	\$
ASDA No. (if applicable)												

5a. Additional Registrant	License No. (required for reporting)	Registration Category	Registration Fee	Course/ Event #	Fee \$	Course/ Event#	Fee \$	Course/ Event#	Fee \$	Course/ Event#	Fee \$	TOTAL
					\$		\$		\$		\$	\$
ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____ E-MAIL _____												

5b. Additional Registrant	License No. (required for reporting)	Registration Category	Registration Fee	Course/ Event #	Fee \$	Course/ Event#	Fee \$	Course/ Event#	Fee \$	Course/ Event#	Fee \$	TOTAL
					\$		\$		\$		\$	\$
ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____ E-MAIL _____												

5c. Additional Registrant	License No. (required for reporting)	Registration Category	Registration Fee	Course/ Event #	Fee \$	Course/ Event#	Fee \$	Course/ Event#	Fee \$	Course/ Event#	Fee \$	TOTAL
					\$		\$		\$		\$	\$
ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____ E-MAIL _____												

**FOR REGISTRATION OFFICE USE ONLY**

Transaction # \_\_\_\_\_

Batch# \_\_\_\_\_

Total \$ \_\_\_\_\_

**6. Method of Payment** Please print.

Check: Make checks payable to the Florida Dental Association.

Credit card:  VISA  MasterCard  Diners Club If paying by credit card, only VISA, MasterCard & Diners Club are accepted.

Credit-card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Card holder (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

**GRAND TOTAL \$** \_\_\_\_\_