

March CE Meeting

March 12, 2012 • Wichita Marriott

Please Print

Doctor's Name: _____

Address: _____

Phone: _____ **Email:** _____

Mail form with payment to:
 Wichita District Dental Society
 10032 Wind Hill Dr., Greenville, IN 47124
 Fax with credit card payment to 812-923-2900
 Phone with questions to 800-578-1002
No phone registrations accepted.

~ONE REGISTRANT FROM EACH OFFICE MUST PAY THE APPLICABLE DENTIST RATE~

All pre-registration categories include continuing ed program, breaks, and exhibits.

Doctor Registration:		OSHA MORNING PROGRAM	CPR/AED AFTERNOON PROGRAM <i>(limited attendance)</i>	LATE FEE AFTER MARCH 2	Sub Total
Badge Name (Please Print)					
SAMPLE	Dr. John J. Jones	\$120	\$50	\$25	\$170
WDDS Member		\$120	\$50	\$25	
Other ADA Active Member		\$175	\$50	\$25	
Non-ADA Dentists		\$230	\$50	\$25	
ADA Life/Retired/ Disabled Members		\$55	\$50	\$25	
Military/Gov't Doctors & Staff		\$55	\$50	\$25	
Spouse		\$55	\$30	\$25	
Staff Registration:		<i>Photocopy this form for more registrants.</i>			
Staff		\$55	\$30	\$25	
Staff		\$55	\$30	\$25	
Staff		\$55	\$30	\$25	
Staff		\$55	\$30	\$25	
Staff		\$55	\$30	\$25	
Staff		\$55	\$30	\$25	

REMINDER: In an effort to maintain a business environment at the Continuing Education meetings, please turn off cell phones and pagers, and note that children are not allowed.

Total \$ _____

Lunch is "on your own" due to the unique format of the day.

Payment Information: I have enclosed check # _____ as payment.

Please advise if special services are required.

Please charge my VISA MASTERCARD DISCOVER

Card # _____ Expiration Date: _____ Security Code: _____

Signature: _____

DO NOT mail or fax this form after March 2. Bring the completed form to the meeting and register on-site.

CANCELLATIONS received by March 2 will receive full credit for a future WDDS meeting or a refund less an administrative fee of \$25/person. No refunds will be made or credit extended after March 2.

FOR OFFICE USE ONLY:

Co./Personal Ck. # _____ Date _____ Balance/Credit \$ _____ Amount Due \$ _____ Amt. Pd. _____