

# Registration Form – Maine Dental Association 2020 Annual Convention Samoset Resort – Rockport - May 28-30

Please duplicate this form for EACH attendee

Name		
Address: <input type="checkbox"/> Home <input type="checkbox"/> Office		
Street/PO Box		
City:	State:	Zip:
Email:		
Phone:		
If purchasing meals with the MDA, please note dietary restrictions:		

## Friday, May 29

CE Course (Check corresponding box) <b>(6 TOTAL CREDITS - PART OF HYGIENIST/ ASSISTANT/STAFF PACKAGE PLAN ONLY)</b>	Package Plan Hygienist/ Assistant/ Staff ONLY	Practicing Dentist	NON- practicing Dentist	Hygienist Assistant Staff Guest	Allied Dental Team Member
<b>Part 1</b> – <i>Integrative Approaches to Pain/ Life Is Your Best Medicine</i> with Dr. Tieraona Low Dog - includes continental breakfast, lunch on exhibit floor (9:00 am-noon)  <b>Part 2</b> – <i>Integrative Approaches to Pain/ Life Is Your Best Medicine</i> with Dr. Tieraona Low Dog - includes afternoon break on Exhibit floor (1:30-4:30 pm)	Included in fee for Package Plan  <input type="checkbox"/>	\$350  <input type="checkbox"/>	\$175  <input type="checkbox"/>	\$150  <input type="checkbox"/>	\$125  <input type="checkbox"/>

## Registration Fee – Required, including Package Plan members. Check designation.

Designation		
MDA Member Dentist, Hygienist, Assistant, Staff, ADT Member, Denturist, Lab Personnel, Guest	<input type="checkbox"/>	\$ 25
Out-Of-State ADA Member	<input type="checkbox"/>	\$ 50
Non ADA Member	<input type="checkbox"/>	\$ 100

## Saturday, May 30

CE Course (Check corresponding box) <b>(6 TOTAL CREDITS - PART OF DENTIST PACKAGE PLAN ONLY)</b>	Package Plan Dentist ONLY	Practicing Dentist	NON- practicing Dentist	Hygienist Assistant Staff Guest	Allied Dental Team Member
<b>Part 1</b> – <i>25 Shades of Grey and a Whole Lot Less Risqué/Great Cases with New Faces with Dr. John Svirsky</i> - includes continental breakfast (9:00 am-noon)  <b>Part 2</b> – <i>25 Shades of Grey and a Whole Lot Less Risqué/Great Cases with New Faces with Dr. John Svirsky</i> (1:30-4:30 pm)	Included in fee for Package Plan  <input type="checkbox"/>	\$350  <input type="checkbox"/>	\$175  <input type="checkbox"/>	\$150  <input type="checkbox"/>	\$125  <input type="checkbox"/>

## Saturday, May 30

Honors Luncheon	Cost
*ONLY for Past Presidents, Pierre Fauchard Academy, International College of Dentists, American College of Dentists (12:00 -1:30 pm)	\$45 <input type="checkbox"/>

Dental Student/New Member Lunch & Learn	New Dentist 5 years or less	Dentist	Staff
*SATURDAY CE -- <i>Avoiding Litigation As A Newly Practicing Dentist</i> (open to all - 12:00-1:30 pm)	FREE <input type="checkbox"/>	\$45 <input type="checkbox"/>	\$45 <input type="checkbox"/>

*Dental Student Reception 5:30-6:30		
*President's Awards Dinner 6:30-8	@ \$75	\$
# _____ adults		

\_\_\_ Enclosed is my check. \_\_\_ Please use my credit card information on other side.

Mail to: Maine Dental Association, PO Box 215, Manchester, ME 04351  
Fax: (207) 622-6210; Email: pbureau@medental.org

**YOU CAN REGISTER ONLINE AT [WWW.MEDENTALCE.ORG](http://WWW.MEDENTALCE.ORG)**

For office use only: \_\_\_QB \_\_\_DB \_\_\_NB \_\_\_T \_\_\_Ck/CC# \_\_\_\_\_

Totals	
Registration Fee	\$
Continuing Education Total	\$
*Special Events	\$
Sponsor a Dental Student \$60	\$
Total	\$

# 2020 Convention Payment by Credit Card

If you are paying by credit card, please complete the information below and send with your registration form.

If you are paying by check, you do **NOT** need to complete the credit card form.

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## Credit Card Form

Maine Dental Association

*Please Print Clearly*

Your Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address on Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

VISA 

MasterCard 

Discover 

Card #:

Security Code:  (3 digits on back of card) Exp. Date:   
Month Year

Amount \$ \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Please be sure to print legibly and note disclaimer: A \$50 fee will be added to your payment if provided information does not match credit card information on file with the credit card company or written information is unreadable - and has to be resubmitted to credit card company. By signing above, you agree to these terms and conditions.

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Please mail check or credit card form with registration form to:

Maine Dental Association  
PO Box 215  
Manchester, ME 04351

You can also fax credit card form with registration form to: (207) 622-6210  
Or email credit card form with registration form to: [pbureau@medental.org](mailto:pbureau@medental.org)