

# Registration Form – MDA VIRTUAL 2021: STAY CONNECTED - May 20-22

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:   |        |      |

## COURSE BUNDLE DISCOUNT! BUY DR. ODIATU AND DR. SVIRSKY'S COURSES AND SAVE!

Dentist - \$600 - SAVE \$100!       Non-Practicing Dentist - \$275 - SAVE \$75!

Hygienist/Assistant/Staff/Guest - \$250 - SAVE \$50       Allied Dental Team - \$200 - SAVE \$50!

### Friday, May 21

| CE Course (Check corresponding box)<br>(6 TOTAL CREDITS - PART OF DENTIST AND HYGIENIST/ASSISTANT/STAFF PACKAGE PLANS)  | Package Plan BOTH package plans  | Practicing Dentist       | NON-practicing Dentist   | Hygienist Assistant Staff Guest | Allied Dental Team Member |
|---|----------------------------------|--------------------------|--------------------------|---------------------------------|---------------------------|
| <b>Part 1</b> – Five Patient Lifestyle Habits That Influence Healing/Do Your Patients Have The Guts To Enjoy Oral Health? with Dr. Uche Odiatu (9:00 am-noon) | Included in fee for Package Plan | \$350                    | \$175                    | \$150                           | \$125                     |
| <b>Part 2</b> – Five Patient Lifestyle Habits That Influence Healing/Do Your Patients Have The Guts To Enjoy Oral Health? with Dr. Uche Odiatu (1:30-4:30 pm) | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/>  |

### Saturday, May 22

| Dental Student/New Member Lunch & Learn  | New Dentist 10 years or less     | Dentist                          | Staff                            |
|--|----------------------------------|----------------------------------|----------------------------------|
| *Avoiding Litigation As A Newly Practicing Dentist (open to all - 12:15-1:15 pm) | FREE<br><input type="checkbox"/> | \$25<br><input type="checkbox"/> | \$25<br><input type="checkbox"/> |

|   |      |
|---|------|
| *Dental Student Reception 5:00-6:00<br><br># _____ adults | FREE |
|---|------|

### Saturday, May 22

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

## EXHIBITORS/SPONSORS:

**I AM INTERESTED  
IN LEARNING MORE ABOUT/  
RECEIVING DISCOUNTS FROM:**

- Finance/Banking  
 Dental Supplies  
 Practice Transitions  
 Insurance  
 Other \_\_\_\_\_

\_\_\_ 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 \_\_\_Ck/CC# \_\_\_\_\_

| Totals                     |    |
|----------------------------|----|
| Continuing Education Total | \$ |
| *Special Events            | \$ |
| Total                      | \$ |

# 2021 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.

---

## 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.

---

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)