

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) (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
Part 1 – 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) Part 2 – 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)	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 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 <input type="checkbox"/>	\$25 <input type="checkbox"/>	\$25 <input type="checkbox"/>

*Dental Student Reception 5:00-6:00 # _____ adults	FREE
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Saturday, May 22

CE Course (Check corresponding box) (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
Part 1 – 25 Shades of Grey and a Whole Lot Less Risqué/Great Cases with New Faces with Dr. John Svirsky (9:00 am-noon) Part 2 – 25 Shades of Grey and a Whole Lot Less Risqué/Great Cases with New Faces with Dr. John Svirsky (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"/>

EXHIBITORS/SPONSORS:

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

- Finance/Banking
- Dental Supplies
- Practice Transitions
- Insurance
- Attorneys/Legal

___ 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

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