2021 MDA Allied Dental Team Course Registration

- **Please duplicate for each registrant**
- **Cost per course is $30 for Allied Dental Team members, $60 for non-Allied Dental Team members, $100 for MDA member dentists**
- **Courses are 9:00 to 11:00 am and will be online via Zoom**

☐ ***Friday, March 19 - Infection Control Update (Including COVID-19)***

☐ ***Friday, June 4 - Dental Practice Management: From Dental Assisting to Office Administration / "I Love My Job" - Team Morale Building***

☐ ***Friday, September 24 - Smart Tax Strategies for the Dental Practice/Owner***

☐ ***Friday, November 19 - Medical Emergencies in the Dental Office***

Check one:

☐ **Allied Dental Team Member** ☐ **Non- Allied Dental Team Member** ☐ **MDA Member Dentist**

NAME _____

ADDRESS _____

CITY_____ **STATE** _____ **ZIP**_____

EMAIL _____

PHONE _____

You may pay by check or credit card. If paying by check, please make it out to the Maine Dental Association and mail with registration form to PO Box 215, Manchester, ME 04351. If paying by credit card, complete the attached credit card form and return with registration form by mail, fax (207-622-6210) or email (allied@medental.org).

Allied Dental Team Course Payment by Credit Card

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: _____

Disclaimer: A $50.00 fee will be added to payment if provided information does not match credit card information on file with credit card company and has to be resubmitted to credit card company. By signing above you agree to these terms and conditions.

☐ Advocacy ☐ Annual Convention ☐ Charitable Foundation ☐ Dues
☐ Exhibitor ☐ Individual CE ☐ NewsJournal Advertising ☐ PAC
☐ Package Plan ☐ Roster Advertising ☐ Sponsorship ☐ Other _____
☐ CNA

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: allied@medental.org