



2022 MDA Allied Dental Team Course Registration

- Please duplicate for each registrant
- Cost per course is \$30 for MDA Allied Dental Team members, \$60 for non-Allied Dental Team members, \$100 for MDA member dentists
- Courses are 9:00 to 11:00 am - *Sept. 23 course will be online, Nov. 18 course will be in person at MDA Office (29 Association Dr, Manchester)*

- Friday, September 23 - You Are the Key to HPV Cancer Prevention: How to Integrate HPV Vaccination Awareness and Education into Your Dental Practice*
- Friday, November 18 - The Invaluable Assistant: Understanding Factors That Contribute to the Success of Direct Restorative Procedures*

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.

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|---------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Annual Convention | <input type="checkbox"/> Charitable Foundation | <input type="checkbox"/> Dues |
| <input type="checkbox"/> Exhibitor | <input type="checkbox"/> Individual CE | <input type="checkbox"/> NewsJournal Advertising | <input type="checkbox"/> PAC |
| <input type="checkbox"/> Package Plan | <input type="checkbox"/> Roster Advertising | <input type="checkbox"/> Sponsorship | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 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***