

2018-2019 MDA CE/PACKAGE PLAN REGISTRATION FORM

(Please duplicate for each participant)

Name: _____ Email: _____

Business Name: _____ Phone: _____

Address: _____ Home Office

City: _____ State: _____ Zip: _____

Registration for: FULL PACKAGE PLAN

MDA member \$1100 **A SAVINGS OF OVER \$130 PER COURSE!**

Out-of-state ADA member \$1200

Non-ADA member \$1375

Hygienist/Assistant/Staff Member \$325 **A SAVINGS OF OVER \$30 PER COURSE!**

(4 pre-selected for Hygienists/Assistants/Staff Members)*

Registration for: OTHER CE COURSES

MDA member -- \$315 per course

Non-Practicing Retired MDA member -- \$145 per course

Out-of-state ADA member -- \$345 per course

Non-ADA member -- \$475 per course

Hygienist/Assistant/Staff Member -- \$115 per course



INDIVIDUAL COURSES

10/5/18 (Sollecito) Amt due \$ _____

11/9/18 (Vellis)* Amt due \$ _____

3/29/19 (Low)* Amt due \$ _____

4/5/19 (Dionne/Wright)* Amt due \$ _____

5/30/19 and 6/1/19 (Crossley)* **Register on Convention Form**

5/30/19 and 6/1/19 (Jameson Consulting) **Register on Convention Form**

Total due \$ _____

PAYMENT: You may pay by check or credit card.

If paying by check, please make it out to Maine Dental Association and return with registration form: PO Box 215, Manchester, ME 04351

If paying by credit card, complete the credit card form on back and return with registration form.

You can also pay online.

Enclosed is my payment in the amount of \$ _____ for enrollment in the

FULL PACKAGE PLAN or INDIVIDUAL PROGRAMS CHECKED

No doctor may register in any category other than dentist.

For office use		
__AP	__QB	__NB

CONTACT INFORMATION / CREDIT CARD FORM

**Watch your mail, the MDA website,
your email and the MDA News
for information on courses offered
by the MDA.**

**Maine Dental Association
C o n t a c t
I n f o r m a t i o n**

29 Association Drive
PO Box 215
Manchester, ME 04351
www.medental.org
www.facebook.com/MaineDental
@MDADental
Phone: 207-622-7900
Fax: 207-622-6210
Email: lknowles@medental.org

Maine Dental Association 2018-2019 Package Plan/CE Courses Credit Card Information

Package Plan/CE Courses 2018-2019
Please complete all information.

Mail to: Maine Dental Association
PO Box 215
Manchester, ME 04351

X	Registrations for:	Cost
	MDA member	
	Out-of-State ADA member	
	Non-ADA member	
	Hygienist/Assistant/Staff	
	Individual courses	

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.