

2019-2020 MDA CE/PACKAGE PLAN REGISTRATION FORM

Name: _____ Email: _____

Business Name: _____ Phone: _____

Address: _____ Home Office

City: _____ State: _____ Zip: _____

Registration for: PACKAGE PLAN

- | | | |
|---|--------|---|
| <input type="checkbox"/> MDA Member Dentist | \$1175 | <ul style="list-style-type: none"> • 7 courses pre-selected for dentists (all except Low Dog) • 4 pre-selected for hygienists/assistants/staff members and ADT members (indicated by *) |
| <input type="checkbox"/> Out-Of-State ADA Member Dentist | \$1300 | |
| <input type="checkbox"/> Non-ADA Member | \$1500 | |
| <input type="checkbox"/> Hygienist/Assistant/Staff Member | \$350 | |
| <input type="checkbox"/> MDA Allied Dental Team Member | \$325 | |

Registration for: INDIVIDUAL COURSES

- MDA Member Dentist -- \$345 per course
- Out-Of-State ADA Member -- \$380 per course
- Non-ADA Member -- \$525 per course
- Non-Practicing/Retired MDA Member -- \$160 per course
- Hygienist/Assistant/Staff Member -- \$125 per course
- MDA Allied Dental Team Member -- \$115 per course



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 to PO Box 215, Manchester, ME 04351.

If paying by credit card, fill out information on back and return with registration form. You can register online at www.medentalce.com.

INDIVIDUAL COURSES

- | | |
|--|------------------|
| <input type="checkbox"/> 9/20/19 (Muench) | Amt due \$ _____ |
| <input type="checkbox"/> 10/11/19 (Spencer) | Amt due \$ _____ |
| <input type="checkbox"/> 11/22/19 (Turbyne)* | Amt due \$ _____ |
| <input type="checkbox"/> 12/6/19 (Baker)* | Amt due \$ _____ |
| <input type="checkbox"/> 3/13/20 (Vargas) | Amt due \$ _____ |
| <input type="checkbox"/> 4/10/20 (Woo)* | Amt due \$ _____ |

5/29/20 (Low Dog)*
5/30/20 (Svirsky)

Register on Convention Form
Register on Convention Form

Total due \$ _____

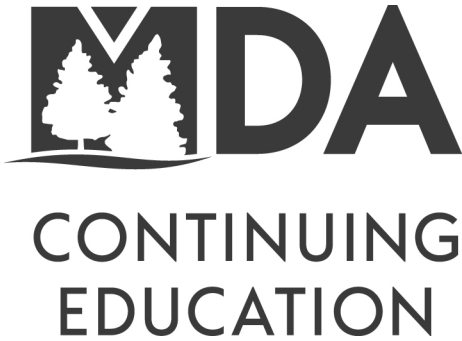
**Please duplicate
for each participant**

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

FULL PACKAGE PLAN or INDIVIDUAL PROGRAMS CHECKED

For office use		
__AP	__QB	__NB

CONTACT INFORMATION / CREDIT CARD FORM



MDA CONTACT INFORMATION:

29 Association Drive, PO Box 215
Manchester, ME 04351
www.medental.org
www.medentalce.com
Phone: 207-622-7900
Fax: 207-622-6210
Email: iknowles@medental.org

Maine Dental Association 2019-2020 Package Plan/CE Courses Credit Card Information

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.