

2022-2023 MDA CONTINUING EDUCATION REGISTRATION

Name: _____ Email: _____

Business Name: _____ Phone: _____

Address: _____ Home Office

City: _____ State: _____ Zip: _____

NOTE: New dentists are those who have been in practice 10 years or less.

Registration for: PACKAGE PLAN

- | | |
|---|---------|
| <input type="checkbox"/> MDA/ADA Member Dentist | \$1200 |
| <input type="checkbox"/> Non-Member Dentist | \$1350 |
| <input type="checkbox"/> New Dentist (Member) | \$900 |
| <input type="checkbox"/> New Dentist (Non-Member) | \$1,015 |
| <input type="checkbox"/> Hygienist/Assistant/Staff Member | \$400 |
| <input type="checkbox"/> MDA Allied Dental Team Member | \$350 |

PACKAGE PLAN INCLUDES:

- **Three seasons - Fall, Winter, and Spring courses and treatment planning sessions**
- **One course of your choice at MDA Annual Convention**

Registration for: ONE OR TWO SEASONS (PRICE INCLUDES COURSE AND TREATMENT PLANNING SESSION, UNLESS SPECIFIED)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> MDA/ADA Member Dentist | One season: \$425; Two seasons: \$800 |
| <input type="checkbox"/> Non-Member Dentist | One season: \$575; Two seasons: \$950 |
| <input type="checkbox"/> New Dentist (Member) | One season: \$320; Two seasons: \$600 |
| <input type="checkbox"/> New Dentist (Non-Member) | One season: \$430; Two seasons: \$720 |
| <input type="checkbox"/> Hygienist/Assistant/Staff Member (LECTURE ONLY) | One season: \$175; Two seasons: \$300 |
| <input type="checkbox"/> MDA Allied Dental Team Member (LECTURE ONLY) | One season: \$125; Two seasons: \$225 |

PAYMENT: You may pay by check or credit card. If paying by check, please make it out to Maine Dental Association. If paying by credit card, fill out information on back and return with registration form. Contact information included on back.

You can register online at www.medentalce.org.

CHECK WHICH SEASON(S):

- Fall** (Peri-Implantitis/Orthodontics - Geisinger)
- Winter** (Ceramics/Composites- Lawson)
- Spring** (Bone/tissue Regeneration - Fien & Puterman)

REGISTER ON CONVENTION FORM:

Convention - Day 1 (Opioids/Anesthesia - Viola)

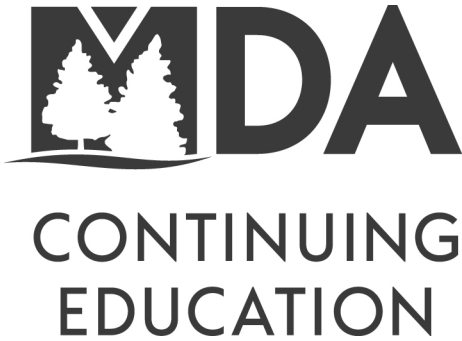
Convention - Day 2 (Oral-Systemic/Perio - Sanders)

- **Please duplicate for each participant**
- **Package Plan members will be contacted regarding which bonus course they would like to sign up for at the Annual Convention**

Total due \$ _____

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: info@medental.org

Maine Dental Association 2022-2023 Continuing Education 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.