

Registration Form

DENTIST

PAGE 1

EARLY BIRD DEADLINE: AUGUST 18, 2017

Registration received after August 18th will be charged a \$100 late fee in addition to all session and event charges.

Please use **ONE** form per registrant. Completion of this form entitles the registrant to access the exhibit hall, and with appropriate tickets, to the scientific sessions and special events. Tickets are not required for exhibit hall entry and activities; however, a badge IS required.

PLEASE PRINT

NAME

NICKNAME

ADDRESS

CITY

STATE

ZIP

OFFICE PHONE

HOME PHONE

FAX NUMBER

EMAIL (Required! You must have a valid email for CE credit verification!)

PLEASE CHECK ONE:

- ADA Member Dentist
 Non-Member Dentist

Thursday, September 21, 2017

	Early Bird Fee	Regular Fee
<input type="checkbox"/> Access to Care Day: International Volunteer Dental Projects	\$25	\$25

Friday, September 22, 2017

Educational Sessions

<input type="checkbox"/> S101 Dr. Barnett	Luxation Injuries & Root Resorption	\$130	\$195
<input type="checkbox"/> S102 Dr. Nosti	Predictable Full Mouth Rehabilitation	\$130	\$195
<input type="checkbox"/> S103 Ms. Banta	High Impact Communication	\$130	\$195
<input type="checkbox"/> S104 Dr. Ferguson	Managing Caries as a Chronic Illness PART 1	\$130	\$195
<input type="checkbox"/> S201 Dr. Barnett	Anatomically-Directed Endodontics	\$ 75	\$ 90
<input type="checkbox"/> S202 Dr. Nosti	Treating Worn Smiles	\$ 75	\$ 90
<input type="checkbox"/> S203 Ms. Banta	10 Top Management Tools	\$130	\$195
<input type="checkbox"/> S204 Dr. Ferguson	Managing Caries as a Chronic Illness PART 2	\$130	\$195
<input type="checkbox"/> S205 Dr. Driscoll	Oral Cancer Update <i>University of Maryland, School of Dentistry Alumni</i>	\$130 FREE	\$195 FREE
<input type="checkbox"/> S206 Dr. Barnett	Bioceramics in Endodontics	\$ 75	\$ 90
<input type="checkbox"/> S207 Dr. Nosti	Staging Comprehensive Treatment	\$ 75	\$ 90

Capsule Clinics

<input type="checkbox"/> CC01 Ms. Minella	The Patient Online Journey	\$ 55	\$ 80
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Saturday, September 23, 2017

Educational Sessions

<input type="checkbox"/> S301 Mr. Meinz	What Good is a Dead Patient with Perfect Teeth	\$ 75	\$ 90
<input type="checkbox"/> S302 Dr. Burgess	Restorative Update PART 1	\$130	\$195
<input type="checkbox"/> S303 Dr. Baskin	CNA Risk Management Seminar	\$130	\$195
<input type="checkbox"/> S304 Dr. Mintz	Obstructive Sleep Apnea	\$130	\$195
<input type="checkbox"/> S305 Ms. Banta	Building a ROCK Star Dental Practice	\$130	\$195
<input type="checkbox"/> S401 Mr. Meintz	32 Teeth & 100 Birthdays	\$ 75	\$ 90
<input type="checkbox"/> S402 Dr. Burgess	Restorative Update PART 2	\$130	\$195
<input type="checkbox"/> S403 Mr. Meintz	Diet & Dentistry in the 21st Century	\$130	\$195
<input type="checkbox"/> S404 Dr. Mintz	"TMJ" Practical Anatomy	\$130	\$195
<input type="checkbox"/> S405 Dr. Wynn	Pharmacotherapy in Dentistry	\$130	\$195

Capsule Clinics

<input type="checkbox"/> CC02 Mr. Selk	Debt Collection	\$ 55	\$ 80
<input type="checkbox"/> CC03 Panel	Buying or Selling a Dental Practice	\$ 55	\$ 80

Sunday, September 24, 2017

Educational Sessions

<input type="checkbox"/> S501 Dr. DePaola	Infection Control is Not Optional	\$130	\$195
<input type="checkbox"/> S502 Ms. Hickman	CPR Renewal for Healthcare Providers	\$130	\$195
<input type="checkbox"/> S503 Dr. Leventer	Proper Pharmacologic Prescribing and Disposal	\$130	\$195
<input type="checkbox"/> S504 Ms. Blackiston	Mid Atlantic PANDA	\$130	\$195

Registration Form DENTIST

REMEMBER
TO RETURN
BOTH
PAGE 1 & PAGE 2
OF THIS REGISTRATION
FORM.

PAGE 2

Name _____

HOW TO REGISTER

Simply complete this form for each person attending and return:

BY MAIL

Maryland State Dental Association
c/o Custom Registration Inc.
2001 E. Randol Mill Rd, Ste 135
Arlington, TX 76011

BY FAX

817-277-7616 (Only if paying by credit card.)

GO ONLINE

www.msda.com (Beginning June 1, 2017)

QUESTIONS? Contact Debra Lampton at 410-964-2880, ext. 105 or debra@msda.com

Join MSDA or renew your MSDA Membership to avoid these fees!

Call 410-964-2880, ext 106.

Attendees Who Pre-register By The August 18th Deadline will receive all registration materials via US mail, including conference badges, tickets and other pertinent information in the first week of September. It is the responsibility of the attendee to bring all of the materials with them to the Conference. *Please Note: Badges are mailed from our third party company "Custom Registration" in Texas.*

If You Require Special Accommodations to fully attend or participate in the Chesapeake Dental Conference and its special events, please provide information about your requirements to the Maryland State Dental Association no later than August 18, 2017.

If You Have Special Dietary Restrictions please enclose your requirements to the Maryland State Dental Association no later than August 18, 2017. All reasonable attempts will be made to accommodate your request.

Please be advised that Maryland State Dental Association may take photos at this event for publications, promotional purposes, website, social media, media press releases and coverage, and any other such purpose on behalf of MSDA. If you or your guests have any issue with your photos being published in this manner, please notify Kayla Fowler at the MSDA office at 410.964.2880, ext 114.

Special Events

- A** CDC Kickoff Happy Hour _____ \$25/Attendee
 ▶ Thursday, September 21st
- B** Sand Castle Home Tour _____ \$30/Attendee
 ▶ Friday-Saturday, September 22-23rd
- C** Seacrets Party! _____ \$55/Attendee
 ▶ Friday, September 22nd
- D** ACD/ICD/PFA Lunch _____ \$50/Attendee
 ▶ Saturday, September 23rd
- E** President's Reception _____ \$75/Attendee
 ▶ Saturday, September 23rd

TOTAL DUE FOR SPECIAL EVENTS \$ _____

Non-Member Dentist

- F** Non-Member Dentist Exhibit Hall Pass _____ \$50
 (Applicable only if not taking courses)
- G** Non-Member Dentist Course Fee _____ \$300

TOTAL DUE FOR NON-MEMBER DENTIST \$ _____

Payment Information

AMOUNT DUE FOR SESSIONS \$ _____

AMOUNT DUE FOR SPECIAL EVENTS \$ _____

AMOUNT DUE FOR EXHIBIT HALL PASS \$ _____

NON-MEMBER DENTIST COURSE FEE (\$300) \$ _____

SUB-TOTAL \$ _____

\$100 LATE FEE (If registering after August 18, 2017) \$ _____

TOTAL DUE \$ _____

I agree to the fees listed above:

VISA / MASTERCARD / DISCOVER / AMEX # _____

EXP. DATE _____

SIGNATURE _____

PRINT NAME _____