Student National Dental Association

37th Annual National Convention
Hyatt Regency Jacksonville-Riverfront
Jacksonville, Florida
July 24 - 29, 2009

REGISTRATION FORM

- A separate registration form must be submitted for each individual. Please duplicate this form as necessary.
- Name badges must be worn for all SNDA and NDA activities. No one will be allowed to attend any SNDA or NDA function without a badge.
- Registration will not be considered complete unless all information is properly entered. SNDA or USNDA membership must be current or paid with this form. The appropriate registration fee should be received by June 19, 2009. **No refunds will be issued after June 19, 2009.**
- Further information regarding the convention can be found at http://sndanet.org and www.ndaonline.org.

PLEASE PRINT OR TYPE.

Name _____
Address _____
City, State Zip _____
Phone _____ – _____ – _____ Email _____
School _____

Year of Graduation _____ Check all that apply: ☐ SNDA ☐ USNDA ☐ Delegate

CONVENTION REGISTRATION INCLUDES:

- Admission to all SNDA & NDA scientific sessions
- Access to all SNDA & NDA technical exhibits
- One (1) ticket to SNDA President's Award Dinner
- SNDA Conference T-shirt
- Admission to all SNDA & NDA non-ticketed events
- One (1) ticket to SNDA Rites of Passage Ceremony
- One (1) ticket to SNDA Night on the Town
- Oral Cancer Walk Registration

MEMBERSHIP, REGISTRATION and SPECIAL EVENTS

- *2008 – 2009 membership dues must be current or included to register for the convention.*

2008 - 2009 SNDA dues	$50.00	$ _____
2008 - 2009 USNDA dues	$30.00	$ _____

- *The priority deadline for the receipt of registration materials is June 19, 2009.*

	Received by 6/19	*Received after 6/19*	*On-Site Registration*	
SNDA Member Convention Registration	$190.00	$215.00	$250.00	
USNDA Member Convention Registration	$ 90.00	$115.00	$150.00	
Non-Dental Student Convention Registration	$210.00	$235.00	$270.00	
SNDA Conference T-shirt (circle one)	S M L XL			

- *NDA event tickets are available to SNDA and USNDA members at a discounted price.*

NDA President's Gala	$63.00	$ _____
NDA Civil Rights Luncheon	$45.50	$ _____
NDA Grand Finale	$35.00	$ _____

Grand Total (Enclosed) $ _____

PAYMENT

Please indicate your method of payment below.

☐ Cashier's Check/Money Order (payable to **Student National Dental Association**)
☐ Personal check
☐ MasterCard ☐ Visa

Card number _____ Exp. Date _____

Name as it appears on card (print) _____

Amount $ _____ Signature _____

SEND REGISTRATION MATERIALS TO:
ANTHONY CARTER
SNDA TREASURER-ELECT
11 SOUTH EUTAW STREET APT. 1204
BALTIMORE, MD, 21201
ACART003@UMARYLAND.EDU
954-232-9899