



National Dental Association 2018 CONVENTION REGISTRATION

Membership period is for the calendar year January 1 through December 31, 2018

105th NDA CONVENTION
ORLANDO, FLORIDA
JULY 11-15, 2018
Rosen Centre Hotel

PLEASE PRINT OR TYPE

REGISTER ONLINE AT www.ndaonline.org

Dental Specialty _____ Today's Date: _____
 Name _____ DDS DMD Male Female
First M.I. Last Hyphen Name Suffix
 Preferred Mailing Address _____
 City _____ State _____ Zip _____ Home Office New Address
 Phone (Work) _____ (Fax) _____ (Home) _____
 (Cell) _____ E-mail _____
 Dental School _____ Year Degree Conferred _____

CONVENTION REGISTRATION INCLUDES:

- Admission to All Scientific Sessions
- One (1) Ticket to President's Gala
- Access to All Technical Exhibits

REGISTRATION FEES: (No Checks Accepted On-Site)

	JAN-MAR 30	APR - JUN 30	ONSITE
NDA Member	<input type="checkbox"/> \$ 600	<input type="checkbox"/> \$ 650	<input type="checkbox"/> \$ 800
New Dentist (<5yrs)	<input type="checkbox"/> \$ 425	<input type="checkbox"/> \$ 425	<input type="checkbox"/> \$ 500
Non-NDA Member	<input type="checkbox"/> \$ 1045	<input type="checkbox"/> \$ 1150	<input type="checkbox"/> \$ 1400

SPECIAL EVENT TICKETS

	JAN-MAR	APR - JUN 30	ONSITE
President's Gala	x \$140	x \$145	x \$150
Civil Rights Luncheon	x \$ 75	x \$ 80	x \$ 85
WHS Luncheon	x \$ 70	x \$ 75	x \$ 85
CPR Certification	x \$ 65	x \$ 75	x \$ 75
Sub-Total \$			

2018 MEMBERSHIP DUES:

<input type="checkbox"/> Active Member	\$395
<input type="checkbox"/> Active Military/Affiliate/International/Associate (non-dentist)/Full time faculty	\$270
<input type="checkbox"/> Retired Member	\$100
<input type="checkbox"/> 2017 Graduate	\$ 25
<input type="checkbox"/> 2016 Graduate	\$200
<input type="checkbox"/> Current Resident	\$ 25

*REMINDER: NDA Dues are structured as a tri-par-tite. Therefore, in order to be deemed a member-in-good-standing, your national, state, and local dues must be paid in full.

Sub-Total \$

GRADUATES & RESIDENTS DUES & REGISTRATION INFORMATION

DUES FOR GRADUATES

NOTE: Copy of DDS or DMD diploma or letter from school confirming your degree date is required for all Graduates (NO EXCEPTIONS). Residency Completion Certificates and Master Degrees do not qualify for "Graduate Status." Applications will not be processed until required documentation is received.

<input type="checkbox"/> 2018 Graduates	no dues
<input type="checkbox"/> 2017 Graduates	\$25
<input type="checkbox"/> 2016 Graduates	\$200

REGISTRATION FOR GRADUATES

<input type="checkbox"/> 2018 Graduates	Register with SNDA
<input type="checkbox"/> 2017 Graduates	\$275
<input type="checkbox"/> New Dentist (< 5yrs)	See Schedule on Left

DUES FOR RESIDENTS

NOTE: Copy of DDS or DMD diploma and letter from Chairman confirming your program start and end dates are required for all residents (NO EXCEPTIONS). Resident dues are for dentist participating in a Residents program and NOT after the completion of the program. Applications will not be processed until all required documentation is received.

<input type="checkbox"/> Current Residents	\$25
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REGISTRATION FOR RESIDENTS

<input type="checkbox"/> Current Residents	\$225
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Event Tickets are not included with Graduate & Resident registration. All dues must be paid to register as a NDA member, graduate or resident. Rates subject to change.

All convention Spouses & guests, including office managers must register with ANDA; All hygienists must register with NDHA; All dental assistants must register with NDAA; All students must register with SNDA.

PAYMENT INFORMATION

Check or Money Order Credit Card Fax: 240.297.9181 Submit Online: www.ndaonline.org

Card Holder's Name _____
 AmEx _____ Credit Number _____
 Discover _____
 MasterCard _____ Expiration Date _____ CVV _____ Billing Zip-Code _____
 VISA _____

Sub-Total _____ Grand Total _____
 Card Holder's Signature & Date _____

OTHER CONTRIBUTIONS: A SEPARATE CHECK IS REQUIRED FOR EACH CONTRIBUTION [tax deductible - 501(c)3]

NDA Endowment Fund \$ _____ NDA Legacy Fund (donations also available online) \$ _____ Emergency Fund _____

Mail in Check / Money Order to: National Dental Association, 6411 Ivy Lane, Suite 703, Greenbelt, MD 20770
 or Fax form with credit card information to: 240.297.9181, Attn: Member Services. ALWAYS RETAIN A COPY FOR YOUR RECORDS.