

# Registration Form

ADA Member Dentist	<b>Pre-Register:</b> \$275 1day/ \$390 2 days	<u>After April 23:</u>	\$350 1 day/ \$465 2 days
Non-Member Dentist	\$400 1 day/ \$640 2 days		\$490 1 day/ \$690 2 days
Auxiliary (RDH, CDA, DA & S)	\$125 per day		\$150 per day
Student, Resident & Retired 4th	No charge, must register		No charge, must register

**NO REFUNDS AFTER MAY 5**

NAME / OFFICE \_\_\_\_\_ ADA# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

CHECK ENCLOSED

CARD # \_\_\_\_\_ EXP \_\_\_\_/\_\_\_\_ CODE \_\_\_\_\_ BILLING ZIP \_\_\_\_\_

\*CATEGORIES: **D:** DENTIST **RDH:** REGISTERED DENTAL HYGIENIST **CDA:** CERT. DENTAL ASST. **DA:** DENTAL ASSISTANT **S:** STAFF \*

THURSDAY MAY 19	NAME on BADGE _____	CATEGORY* _____	LOW DOG AM <input type="checkbox"/> PM <input type="checkbox"/>	COHEN BROWN AM <input type="checkbox"/> PM <input type="checkbox"/>	CPR AM <input type="checkbox"/> PM <input type="checkbox"/>	FEE \$ _____
	_____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____
	_____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____
	_____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____
	_____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____
	_____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____
	_____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____

FRIDAY MAY 20	NAME on BADGE _____	CATEGORY* _____	FOUAD ALL DAY <input type="checkbox"/>	HUFFINES ALL DAY <input type="checkbox"/>	CPR AM <input type="checkbox"/>	FEE \$ _____
	_____	_____	ALL DAY <input type="checkbox"/>	ALL DAY <input type="checkbox"/>	AM <input type="checkbox"/>	\$ _____
	_____	_____	ALL DAY <input type="checkbox"/>	ALL DAY <input type="checkbox"/>	AM <input type="checkbox"/>	\$ _____
	_____	_____	ALL DAY <input type="checkbox"/>	ALL DAY <input type="checkbox"/>	AM <input type="checkbox"/>	\$ _____
	_____	_____	ALL DAY <input type="checkbox"/>	ALL DAY <input type="checkbox"/>	AM <input type="checkbox"/>	\$ _____
	_____	_____	ALL DAY <input type="checkbox"/>	ALL DAY <input type="checkbox"/>	AM <input type="checkbox"/>	\$ _____
	_____	_____	ALL DAY <input type="checkbox"/>	ALL DAY <input type="checkbox"/>	AM <input type="checkbox"/>	\$ _____

ALL DAY COURSE IS 6 MCEs,  
HALF DAY COURSE IS 3 MCEs.

HOTEL BLOCK HAS BEEN AR-  
RANGED AT THE SARATOGA  
HILTON UNDER 4TH DISTRICT



Send Check:

FOURTH DISTRICT DENTAL SOCIETY

632 PLANK RD STE 200

CLIFTON PARK, NY 12065

EMAIL OFFICE@4THDDS.ORG

**TOTAL \$** \_\_\_\_\_

**PDF ON OUR WEBSITE:**

WWW.4THDDS.ORG

FAX 518.371.0018

New York State and the State's Department of Health continue to strongly recommend mask-wearing in all public indoor settings as an added layer of protection. Immunization proof and/ or mask wearing may be required. All events and requirements subject to change or cancellation.