

SDC Registration Form

	Pre-Register	After May 1
ADA Member Dentist	Th: \$300 Fri: \$200/ 2days: \$450	Th: \$350 Fri: \$250/ 2days: \$500
Auxiliary (RDH, CDA, DA & S)	\$155 per day	\$175 per day
Student, Resident & Retired 4th Dr.	No charge, must register	No charge, must register
Non-Member Dentist	Th: \$600 Fri: \$400/ 2days: \$900	Th: \$650 Fri: \$450/ 2days: \$950
Register for CPR <i>only</i> *no meals incl	\$130 pp	\$150 pp

NO REFUNDS AFTER APRIL 30

NAME / OFFICE _____ ADA# _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ PHONE _____

CHECK ENCLOSED

CARD # _____ EXP ____/____ CODE _____ BILLING ZIP _____

***CATEGORY:** D: Dentist RDH: Registered Dental Hygienist CDA: Cert. Dental Asst. DA: Dental Assistant S: Staff *

THURSDAY MAY 23	NAME on BADGE	CATEGORY*	lunch&learn	ODIATU	POMPA	CPR	FEE
	_____	_____	<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"/>	\$ _____
	_____	_____	<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"/>	\$ _____
	_____	_____	<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"/>	\$ _____
	_____	_____	<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"/>	\$ _____
	_____	_____	<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"/>	\$ _____
	_____	_____	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	M <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____

FRIDAY MAY 24	NAME on BADGE	CATEGORY*	LIPSCOMB	LEGAL UPDATES	CPR	FEE
	_____	_____	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	\$ _____
	_____	_____	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	\$ _____
	_____	_____	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	\$ _____
	_____	_____	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	\$ _____
	_____	_____	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	\$ _____
	_____	_____	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	\$ _____

Thursday AM, PM & CPR 3MCEs

Friday AM 4 MCEs

HOTEL BLOCK:

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 \$ _____

Online registration [link](#)

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.