

ANNUAL MEETING

REGISTRATION FORM

Please complete one form per Participant

Full Name : _____

Full Address : _____

E-Mail : _____ Phone : _____

HDA Member : Yes No Guest Name : _____

PLEASE INDICATE THE APPROPRIATE FEE:			QTY	AMOUNT
MEMBER FEES:	EARLY BIRD RATE (Until Mar.23)	STANDARD RATE (Mar.24 - Jun.9)		
Dentist	\$350	\$425		
International	\$300	\$375		
Hygiene	\$250	\$325		
Assistant / Staff	\$200	\$250		
Resident / Student	\$175	\$200		
Non Member Fees:				
Dentist		\$600		
International		\$450		
Hygiene / Staff		\$400		
Assistant		\$250		
Resident / Student		\$250		
ADDITIONAL FEES:				
GUEST - Includes Meals and Reception. Does not Include CE		\$275		
GALA Ticket		\$150		
Hands On:				
ENDO - 2Hrs - Limit 20 Participants		\$125		
PEDO - 3Hrs - Limit 20 Participants		\$175		
ORAL SURGERY - 4Hrs Limit 20 Participants		\$225		
			TOTAL	

PAYMENT METHOD:

Credit Card: Mastercard Visa American Express

Name (as it appears on credit card) : _____

Card Number: _____ Exp. Date: _____ CSC: _____

Billing Address: _____

City: _____ State: _____ Zip code: _____

Please return completed form to: membership@hdassoc.org

For questions please contact: Ms. Lydia M. Ruiz

(856) 353-9459

www.hdassoc.org

