HISPANIC DENTAL ASSOCIATION

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 / Staff	**$250**	**$325**		
Assistant	**$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

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