

REGISTRATION FORM (can register on-line at www.sddental.org)

PRE-REGISTRATION DEADLINE: WEDNESDAY, MAY 10, 2017

- Register as:
- Dentist
 - Hygienist
 - Assistant/Other
 - Dental Student (in dental school)

IMPORTANT
Use a separate form for each registrant.
If you need more forms, please photocopy!

Name _____

Nick Name/First Name for Badge _____

Mailing Address _____

City/State/Zip _____

Work/Day Phone # _____ Email Address _____

Spouse's Name (if attending CE and/or Exhibit Hall) _____

(Spouses of ADA member dentists who do not maintain a license through the State Board of Dentistry may register for free.)

SCHEDULE, MAY 18-20, 2017
(Registration fee applies to all CE below, except where indicated)

<u>Day</u>	<u>Session</u>	<u>Time</u>	<u>Attending</u>
Thursday am	KEYNOTE ADDRESS: Mr. Greenway <i>"Teamwork & Leadership"</i>	8:00 am - 9:00 am	_____
Thursday am	Dr. Horst <i>"Combating Caries with Silver Diamine Fluoride"</i>	9:30 am - 12:00 pm	_____
Thursday am	Ms. Ludwig <i>"Infection Prevention & Safety in Dentistry"</i>	9:30 am - 12:00 pm	_____
Thursday am	Dr. Moody <i>"Digital Workflow for Implant Dentistry"</i>	9:30 am - 12:00 pm	_____
Thursday pm	Dr. Horst <i>"Silver Diamine Fluoride Application"</i>	1:00 pm - 2:00 pm	_____
Thursday pm	Ms. Petro <i>"Responding to Child Abuse"</i>	1:00 pm - 3:30 pm	_____
Thursday pm	CPR Renewal \$50	1:00 pm - 4:00 pm	_____
Thursday pm	Mr. Dierks <i>"3D Imaging"</i>	1:00 pm - 4:00 pm	_____
Thursday pm	Henry Schein Technician <i>"Equipment Maintenance"</i>	1:00 pm - 4:00 pm	_____
Friday am	Mr. Gates <i>"Cyber Liability Decoded"</i>	8:00 am - 10:00 am	_____
Friday am	Dr. McKee <i>"A New Perspective on TMD"</i>	8:00 am - 11:30 am	_____
Friday am	Dr. Fling <i>"Fusion"</i>	8:00 am - 11:45 am	_____
Friday pm	Dr. Fling, cont.	1:00 pm - 3:45 pm	_____
Friday pm	Dr. McKee, cont.	1:00 pm - 4:00 pm	_____
Saturday am	Dr. McKee <i>"Staff Training for Case Acceptance"</i>	8:00 am - 11:30 am	_____
Saturday all day	Drs. Vezeau & Dean <i>"Anesthesia & Sedation"</i> \$550	8:00 am - 5:00 pm	_____
Saturday am	Dr. Baker <i>"Drug Reactions & Interactions"</i>	8:30 am - 12:00 pm	_____
Saturday am	Ms. Pat Aylward & Panel <i>"Collaborative Supervision"</i>	10:00 am - 12:00 pm	_____
Saturday am	Dr. Denis Miller <i>"2017 Radiology Review"</i> \$35 (includes lunch)	11:30 am - 1:30 pm	_____
Saturday pm	Dr. McKee, cont.	1:00 pm - 4:00 pm	_____
Saturday pm	Dr. Baker <i>"Pain & Anxiety Control"</i>	1:00 pm - 4:00 pm	_____

SOCIAL EVENTS & FEES

<u>Day</u>	<u>Event</u>	<u>Time</u>	<u># Attending</u>	<u>Amount</u>
Thursday	CPR Review	1:00 pm	___ @ \$ 50.00	\$ _____
Thursday	Exhibit Hall Lunch	11:30 am	___ @ \$ 12.00	\$ _____
Thursday	New Dentist Lunch (See Note)	11:30 am	___ @ \$ 25.00	\$ _____
	(NOTE: Free for dentists who have practiced for five or less years)		___ @ \$.00	\$ _____
Thursday	Exhibitors' Reception	3:00 pm	___ @ \$.00	\$ _____
Friday	ICD Members' Breakfast	7:00 am	___ @ \$ 15.00	\$ _____
Friday	Exhibit Hall Lunch	11:30 am	___ @ \$ 12.00	\$ _____
Friday	Friday Night Jam	6:30 pm	___ @ \$ 50.00	\$ _____
	<u>or</u> buy a table for 10 people		___ @ \$ 450.00	\$ _____
Saturday	Anesthesia & Sedation	8:00 am	___ @ \$ 550.00	\$ _____
Saturday	Awards Lunch	11:30 am	___ @ \$ 25.00	\$ _____
Saturday	Radiology Review	11:30 am	___ @ \$ 35.00	\$ _____

PRE-REGISTRATION FEES (Deadline to pre-register is May 10, 2017)

SDDA Member Dentist (prepaid with annual dues) ----- ADA # _____ in order to receive this rate.	\$ 0.00	no charge
ADA Member Dentist ----- ADA # _____ in order to receive this rate.	\$ 175.00	\$ _____
ADA Life Member Dentist ----- ADA # _____ in order to receive this rate.	\$ 0.00	\$ _____
Dental Students (not hygiene or assisting students) ----- Name of School Attending _____	\$ 0.00	\$ _____
Nonmember Dentist -----	\$ 525.00	\$ _____
*SDDA Member Allied Staff ----- 2017 Member # _____ (6 digit number) in order to receive this rate. (This number is not the same as your SD State Board number or your dentist's ADA number.)	\$ 40.00	\$ _____
**Become or renew SDDA Member Allied Staff (\$35) & Annual Session Registration (\$40)	\$ 75.00	\$ _____
*Nonmember Allied Staff -----	\$ 120.00	\$ _____

*Allied Staff includes dental hygienists, dental assistants & dental office staff.

**To become a member go to: www.sddental.org, click on Member Center, click on Allied Staff

TOTAL AMOUNT ENCLOSED \$ _____

NOTE: ON-SITE REGISTRATION FEE, ADD \$15 TO THE ABOVE

Return this form and your check or credit card information to:

South Dakota Dental Association
804 N Euclid Ave Ste 103
Pierre SD 57501
Fax: 605-224-9168

OR BETTER YET:

**Pre--register and pay
on-line at: www.sddental.org**
(if you are an SDDA member dentist or
Allied Staff member)

Please check one: VISA MasterCard

Account Number _____ Mo. _____ Yr. _____
Expiration Date

3-digit Security Code on back of card _____

Name as appears on card (Please Print) _____ \$ _____
Amount



(Please print or type) I hereby make application for membership in the South Dakota Dental Association.

Name: (last) (first) (middle)

Date of Birth: Hygienist Assistant Office Staff (Circle one)

Home Address: City State Zip Home Phone: Use as my primary mailing address

Office Address: City State Zip County Office Phone: Office Fax: Use as my primary mailing address

Primary Email Address:

Dental Education Program

School City State Year of Graduation Date of Licensure in South Dakota South Dakota License # Licensed in the following state(s)

Personal

Marital Status Married Single

Spouse's Name (include last name if different)

Are you interested in volunteering for community presentations, oral screenings, and health fairs? yes no not at this time

Enclosed is my completed application and check # made payable to:

Please charge my \$35.00 dues to the following card:

Visa Mastercard

Card #

Expires 3 digit code

Name on Card (please print)

Signature

South Dakota Dental Association PO Box 1194 Pierre SD 57501

(feel free to make copies)