

# REGISTRATION FORM

PRE-REGISTRATION DEADLINE WAS May 3, 2023

## REGISTER AS ONE PERSON PER FORM & PHOTOCOPY AS NEEDED

- Dentist
- Dental Hygienist (**NOTE: if you wish to register with SDDHA, go to [sddha.org](http://sddha.org). No refunds due to incorrect registrations.**)
- Dental Assistant
- Non-clinical Administrative Staff
- Dental Student

Name (print legibly) \_\_\_\_\_

Nick Name/First Name for Badge \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work/Day Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact Name & Phone Number \_\_\_\_\_

Spouse's Name (if attending) \_\_\_\_\_  
 (**Spouses of ADA member dentists who are only attending social events incur no registration fee, only cost of social event.**)

## REGISTRATION FEES

	Price	Total
<input type="checkbox"/> SDDA, NDDA, NDA Member Dentists ( <b>prepaid with annual dues</b> ) ADA # _____ in order to receive this rate	\$25.00	\$ _____
<input type="checkbox"/> ADA Member Dentist ADA # _____ in order to receive this rate	\$220.00	\$ _____
<input type="checkbox"/> ADA Life Member Dentist ADA # _____ in order to receive this rate	\$25.00	\$ _____
<input type="checkbox"/> Dental Students Name of School Attending _____	\$0.00	\$0.00
<input type="checkbox"/> Nonmember Dentist	\$610.00	\$ _____
<input type="checkbox"/> SDDA Member Allied Staff* (If member by March 1, 2023) 2023 Member # _____ (6-digit number) in order to receive this rate <i>This number is not the same as the SD Board of Dentistry number or dentist's ADA number</i>	\$25.00	\$ _____
<input type="checkbox"/> Nonmember Allied*	\$220.00	\$ _____

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

## CE SCHEDULE | THURSDAY MORNING

Item	Time	Program Title	CE Hours	Price	Total
<input type="checkbox"/>	8:00-9:00	Keynote: "The Generational Gearbox"	1 Practice Management	\$0.00	
<input type="checkbox"/>	9:30-Noon	"Managing Your Multigenerational Team"	2.5 Practice Management	\$0.00	
<input type="checkbox"/>	9:30-Noon	"The Evidence Behind Minimal Intervention in Cariology"	2.5 Academic/Clinical	\$0.00	
<input type="checkbox"/>	9:30-Noon	"Effective Assisting in the Modern Practice"	2.5 Academic/Clinical	\$0.00	
<input type="checkbox"/>	9:30-10:30	"Explaining Dental Benefits to Patients"	1 Practice Management	\$0.00	
<input type="checkbox"/>	10:45-11:45	"Medicare Advantage"	1 Practice Management	\$0.00	
#	11:00-1:00	New Dentist Lunch: "Owning Your Practice" <i>FREE for Dentists 5 yrs. or fewer out of Dental/Grad School</i>	2 Practice Management	\$30/ea.	\$ _____
#	11:30-1:00	Exhibit Hall Lunch—Thursday		\$16/ea.	\$ _____

# THURSDAY AFTERNOON SESSION

Item	Time	Program Title	CE Hours	Price	Total
<b>FULL</b>	Noon-1:00	Office Manager Lunch: "Employee Retention"	1 Practice Management	\$25/ea.	<b>FULL</b>
<input type="checkbox"/>	1:00-4:00	"Endo/Resto"	3 Academic/Clinical	\$0.00	
<input type="checkbox"/>	1:00-3:30	"2023 OSHA & CDC Infection Control in Dentistry Show"	2.5 Academic/Clinical	\$0.00	
<input type="checkbox"/>	1:30-4:00	"Financial Decisions the Dentist Must Get Right"	2.5 Practice Management	\$0.00	
<input type="checkbox"/>	1:30-3:00	"QPR Suicide Prevention Training"	1.5 Practice Management	\$0.00	
<input type="checkbox"/>	3:00-5:00	Exhibit Hall Reception		\$0.00	
#	5:30-10:00	President's Mixer & Foundation Fundraiser - Table of 10		\$450	\$
#	5:30-10:00	President's Mixer and Foundation Fundraiser		\$50/ea.	\$

# FRIDAY MORNING SESSION

#	7:00-8:00	ICD Breakfast		\$20/ea.	\$
<input type="checkbox"/>	8:00-Noon	"Periodontal Debridement"	4 Academic/Clinical	\$0.00	
<input type="checkbox"/>	8:00-Noon	"Embracing Endo Surgery"	4 Academic/Clinical	\$0.00	
<input type="checkbox"/>	8:00-10:00	"Radiology Update"	2 Radiology	\$0.00	
<input type="checkbox"/>	9:00-Noon	"Anesthesia Emergency Management for the Dental Team"	3 Academic/Clinical	\$0.00	
<input type="checkbox"/>	10:30-11:30	Tips & Pearls: "Treating Dental Patient's with Cardiac Disease"	1 Academic/Clinical	\$0.00	
#	11:30-1:00	Exhibit Hall Lunch-Friday		\$16/ea	\$

# FRIDAY AFTERNOON SESSION

<input type="checkbox"/>	1:00-5:00	"Revolution in Instrumentation & Management of Complications"	4 Academic/Clinical	\$0.00	
<b>FULL</b>	1:00-4:00	"CPR" (BLS)	3 CPR	\$60/ea.	<b>FULL</b>
<input type="checkbox"/>	1:00-4:00	"Choreographing the Perfect Maintenance Visit"	3 Academic/Clinical	\$0.00	

# SATURDAY MORNING SESSION

#	8:00-5:00	"Sedation & Anesthesia Monitoring"	8 Academic/Clinical	\$600/ea.	\$
<input type="checkbox"/>	8:00-11:30	"Immediate & Long-Term Management of Traumatic Dental"	3.5 Academic/Clinical	\$0.00	
<b>FULL</b>	8:30-11:30	"Anesthesia Emergency Management for the Dental Team"	3 Academic/Clinical	\$0.00	<b>FULL</b>
<input type="checkbox"/>	9:00-10:30	"The Keys to a Successful Transition"	1.5 Practice Mang.	\$0.00	
<b>FULL</b>	11:30-1:00	SDDA Awards Luncheon		\$30/ea	<b>FULL</b>

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

**Please check one:** VISA MasterCard Discover AMEX

Account Number \_\_\_\_\_ Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
Expiration Date

3-digit Security Code on back of card \_\_\_\_\_

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

Billing address of credit card \_\_\_\_\_

**Mail form with payment to:**  
South Dakota Dental Association  
804 N. Euclid Ave. Ste. 103  
Pierre, SD 57501

**Or register online at [www.sddental.org](http://www.sddental.org)**