

ON-SITE REGISTRATION FORM

PRE-REGISTRATION DEADLINE WAS May 1, 2026

REGISTER ONE PERSON PER FORM & PHOTOCOPY AS NEEDED

- Dentist
- Dental Hygienist
- Dental Assistant
- Non-clinical Administrative Staff
- Dental Student

Name (Please Print) _____

First Name for Badge/Nick Name _____

Mailing Address including City/State/Zip _____

Phone # _____ Email Address _____

Emergency Contact & Phone # _____

Guest/Spouse Name _____

(If only attending social events guests/spouses incur no registration fee, only cost of social event.)

ON-SITE REGISTRATION FEES

	Price	Total
<input type="checkbox"/> SDDA, NDDA, NDA Member Dentists (<i>prepaid with annual dues</i>) ADA # _____ in order to receive this rate	\$25.00	\$ _____
<input type="checkbox"/> ADA Member Dentist ADA # _____ in order to receive this rate	\$230.00	\$ _____
<input type="checkbox"/> ADA Life Member Dentist ADA # _____ in order to receive this rate	No charge	\$0
<input type="checkbox"/> Dental Students Name of School Attending: _____	No charge	\$0
<input type="checkbox"/> Nonmember Dentist	\$640.00	\$ _____
<input type="checkbox"/> SDDA Member Allied Staff (<i>Must be Allied Member by March 1, 2026</i>) (<i>Allied membership is unique to staff and is not associated with a dentist membership.</i>)	\$25.00	\$ _____
<input type="checkbox"/> Nonmember Allied Staff (<i>Includes dental hygienists, dental assistants & dental office staff</i>)	\$250.00	\$ _____
<input type="checkbox"/> SDDHA Member Code # _____ in order to receive this rate (<i>Code provided by the SDDHA. Membership will be verified.</i>)	\$145.00	\$ _____

THURSDAY | MAY 14 | SCHEDULE

Item	Time	Program Title	CE Hours	Price	Total
<input type="checkbox"/>	8:00-9:00	Keynote: SRVIVRS Black Pearl Project	1 Practice Management	\$0.00	
<input type="checkbox"/>	9:15-12:15	Talk Dirty to Me: OSHA & Infection Control	3 Academic or Clinical	\$0.00	
<input type="checkbox"/>	9:30-12:00	Ergonomics in Dentistry	2.5 Practice Management	\$0.00	
<input type="checkbox"/>	9:30-Noon	Why Is It Some Patients Can Afford a New TV...	2.5 Practice Management	\$0.00	
FULL	Noon-1:30	Be Well Lunch Wellness in Motion: EQ	1.5 Practice Management	FULL	
<input type="checkbox"/>	1:00-3:00	Dental Longevity: Making It Work	2 Practice Management	\$0.00	
<input type="checkbox"/>	1:00-4:00	Professional Protector Plan®	3 Practice Management	\$0.00	
<input type="checkbox"/>	1:00-4:00	What's More Important?	3 Academic or Clinical	\$0.00	
<input type="checkbox"/>	1:30-4:30	Repeat: Talk Dirty to Me: OSHA & Infection Control	3 Academic or Clinical	\$0.00	

THURSDAY | MAY 14 | SCHEDULE CONT.

Item	Time	Program Title	CE Hours	Price	Total
<input type="checkbox"/>	3:00-5:00	Exhibit Hall Reception		\$0.00	
#	5:30-10:00	President's Mixer & Foundation Fundraiser		\$50/ea.	\$
#	5:30-10:00	Table of 10-President's Mixer & Foundation Fundraiser		\$450/ea.	\$

FRIDAY | MAY 15 | SCHEDULE

Item	Time	Program Title	CE Hours	Price	Total
#	6:30-8:00	ICD Dentist Breakfast	Sponsored by ICD	\$0.00	
<input type="checkbox"/>	8:00-11:00	The 10 Myths About Oral Care Products	3 Academic or Clinical	\$0.00	
<input type="checkbox"/>	8:00-Noon	The Application of Color Theory	4 Academic or Clinical	\$0.00	
<input type="checkbox"/>	8:00-9:00	Shake It Off: Verbal De-escalation	1 Practice Management	\$0.00	
FULL	9:00-Noon	Anesthesia Emergency Management	3 Academic, Anesthesia, or Clinical	FULL	
<input type="checkbox"/>	9:00-Noon	Radiology Update 2026	3 Radiology	\$0.00	
<input type="checkbox"/>	9:30-11:30	Dental PPO Insurance Control	2 Practice Management	\$0.00	
<input type="checkbox"/>	1:00-4:00	CPR	3 CPR	\$60/ea.	\$
<input type="checkbox"/>	1:00-3:00	From Conception to Longevity	2 Academic or Clinical	\$0.00	
<input type="checkbox"/>	1:00-4:00	Looking at Restorative Success	3 Academic or Clinical	\$0.00	
<input type="checkbox"/>	1:00-4:00	Something In Our Mist	3 Academic or Clinical	\$0.00	
<input type="checkbox"/>	1:00-2:00	Talks Save Lives	1 Practice Management	\$0.00	

SATURDAY | MAY 16 | SCHEDULE

Item	Time	Program Title	CE Hours	Price	Total
<input type="checkbox"/>	8:00-11:00	I Haven't Got Time for This Pain	3 Academic or Clinical	\$0.00	
<input type="checkbox"/>	8:00-5:00	Sedation & Anesthesia	8 Academic, Anesthesia, or Clinical	\$650/ea	\$
FULL	8:30-11:30	Anesthesia Emergency Management	3 Academic, Anesthesia, or Clinical	FULL	
<input type="checkbox"/>	9:00-11:00	Oral Cavity Carcinoma	2 Academic or Clinical	\$0.00	
#	10:00-Noon	Awards Brunch		\$30/ea	\$
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