

Photocopy for additional registrants. Only one dentist per form.

ADVANCE REGISTRATION DEADLINE IS APRIL 2, 2010. REGISTER TODAY!

Primary Registrant PRINT OR TYPE **Membership dues must be paid for the current year.**

Name _____ ADA # _____
 License # _____
 Mailing Address _____
 Home Office Other Check here if new address
 Area Code/Phone # _____ Area Code/Fax # _____
 Email _____

I require special assistance.
 I do not wish to receive promotional materials for this meeting.

- Best** — Register online at cdapresents.com
 Secures an immediate seat in a workshop or special event
Better — Register by fax at 877.714.3184
Good — Register by mail at CDA Presents, 1201 K St., 16th Floor, Sacramento, CA 95814
- To ensure that proper C.E. credits are granted, licensed dental professionals must include their license number and formal name as listed with the Dental Board of California.** Please complete all areas of this form legibly. Be sure to include titles and badge categories. (See Page 13.)
- Registrations are processed in the order they are received.
 - If your registration is received by the deadline, you should receive your order at least two weeks prior to the meeting.
 - Mailing will begin March 1.
 - Refund requests for ticketed programs must be made in writing and materials returned to the CDA office no later than April 9, 2010.

CDA member dentists plus one staff/guest will receive complimentary registration. All other staff/guests (nondentists) are \$10 per person if registering with a dentist.

| Primary Registrant (print or type) | | Registration | | Workshops and Required Courses | | | Total Fees |
|--|------------------------------------|---------------------|-----------|---------------------------------------|--------|----------|-------------------|
| LAST NAME | FORMAL FIRST NAME + MIDDLE INITIAL | CATEGORY LETTER | LICENSE # | TITLE | FEE \$ | COURSE # | FEE \$ |
| PRIMARY REGISTRANT ONLY | | | | | | | |
| Staff/Guest Badges (Dentists cannot be registered as guests /staff) | | Registration | | Workshops and Required Courses | | | Total Fees |
| LAST NAME | FORMAL FIRST NAME + MIDDLE INITIAL | CATEGORY LETTER | LICENSE # | TITLE | FEE \$ | COURSE # | FEE \$ |
| 1. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Special Event Tickets: This area is for the purchase of membership party and special event tickets. Please indicate the total number of tickets per event you wish to purchase in the adjacent area. Use the above area to purchase registrant-specific workshop tickets and special event tickets.

| EVENT # | FEE \$ | QUANTITY | Total Fees |
|---------|--------|----------|------------|
| _____ | _____ | X _____ | _____ |
| _____ | _____ | X _____ | _____ |

Check or Money Order (PAYABLE TO CALIFORNIA DENTAL ASSOCIATION)
 VISA Credit Card # _____ Exp. Date _____
 MasterCard Signature _____
 AMEX Printed Name _____

SIGNATURE INDICATES APPROVAL FOR CHARGES TO YOUR ACCOUNT
 PLEASE PRINT NAME AS IT APPEARS ON CARD

Grand Total \$ _____

Have a question? Call 800.232.7645.