



# 2017 SOUTHWEST DENTAL CONFERENCE VIP REGISTRATION FORM

Only one form is necessary for each office, and you may photocopy it to accommodate additional registrants. Please complete both pages of this form.

## 1 Primary Registrant

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

☐ Please check if you would like to receive important SWDC email alerts. We will never share or sell your email address and you may unsubscribe anytime. If not checked, you will not receive information on the updates about SWDC.

ADA# (for dentists and dental students only) \_\_\_\_\_

☐ Please indicate if you or your guest(s) have a disability that requires accommodations to fully participate in the Southwest Dental Conference.



### Hotel Accommodations

Please use the group code on page 7 of the registration brochure to make hotel reservations.

☐ Omni Dallas Hotel ☐ Other \_\_\_\_\_

## 2 Payment Method

Check or Money Order should be payable to SOUTHWEST DENTAL CONFERENCE.

☐ Check Enclosed # \_\_\_\_\_ ☐ VISA ☐ MasterCard ☐ American Express

Credit Card# \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ TOTAL FEES \$ \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_  
(authorize DCDS to charge your card.)

### Registration Instructions

Please register online at [swdentalconf.org](http://swdentalconf.org) or mail registration form to the registration company. Forms must be received at the registration company on or before the preregistration deadline of **August 4, 2017**. Mail to: **SOUTHWEST DENTAL CONFERENCE; 6840 MEADOWRIDGE COURT; ALPHARETTA, GA 30005. Faxed or emailed registrations are not accepted.** All on-site registration fees increase an additional \$25 on September 13, 2017. Refer to the cancellation policy on page 4.

## 3 Registration Categories and Fees

All fees increase an additional \$25 on September 13, 2017.

Registration Category	Before 8/4/17	After 8/4/17
(A) Dallas County Dental Society Member	FREE	FREE
(B) ADA Member	\$140	\$165
(C) ADA Life Member	FREE	FREE
(D) Non-ADA Member	\$630	\$655
(E) Registered Dentist's Spouse	FREE	FREE
(F) Family Member (Under 18) <b>MUST REGISTER ON-SITE</b>	FREE	FREE
(G) Spouse (Other Than Registered Dentist)	\$45	\$70
(H) Hygienist	\$85	\$110
(J) Chairside Assistant	\$65	\$90
(K) Business Assistant	\$65	\$90
(L) Dental Technician	\$65	\$90

**STUDENTS MUST REGISTER BY MAIL OR ON-SITE AND MUST PROVIDE A COPY OF STUDENT I.D. WHEN REGISTERING.**

(P) Graduate Student Dentist ..... \$50 (S) Student Assistant ..... \$15  
(Q) Student Dentist ..... \$15 (T) Student's Spouse ..... \$15  
(R) Student Hygienist ..... \$15

### Practice Specialty (For Dentists Only)

- |                                 |                   |
|---------------------------------|-------------------|
| 1. General Practice             | 6. Orthodontics   |
| 2. Endodontics                  | 7. Pediatrics     |
| 3. Oral Pathology               | 8. Periodontics   |
| 4. Oral/Maxillofacial Radiology | 9. Prosthodontics |
| 5. Oral Surgery                 | 10. Public Health |

Continued on next page

# VIP REGISTRATION FORM, CONTINUED

## Name for Badge

### 4 Registration

### 5 Courses & Special Events

### 6 Total Fees

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Last Name	First Name	Category	Fee \$	Course#	Fee	Course#	Fee		
Practice Specialty (Dentists Only, Code #) _____ ADA # _____				Course#	Fee	Course#	Fee		
Email address _____				Course#	Fee	Course#	Fee	Fee \$	
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_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Last Name	First Name	Category	Fee \$	Course#	Fee	Course#	Fee		
Practice Specialty (Dentists Only, Code #) _____ ADA # _____				Course#	Fee	Course#	Fee		
Email address _____				Course#	Fee	Course#	Fee	Fee \$	
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_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Last Name	First Name	Category	Fee \$	Course#	Fee	Course#	Fee		
Practice Specialty (Dentists Only, Code #) _____ ADA # _____				Course#	Fee	Course#	Fee		
Email address _____				Course#	Fee	Course#	Fee	Fee \$	
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_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Last Name	First Name	Category	Fee \$	Course#	Fee	Course#	Fee		
Practice Specialty (Dentists Only, Code #) _____ ADA # _____				Course#	Fee	Course#	Fee		
Email address _____				Course#	Fee	Course#	Fee	Fee \$	

## REMINDERS

- Courses marked with an asterisk (\*) require supplies, as indicated on course descriptions. Attendees are responsible for bringing supplies.
- **Save time and register online at [swdentalconf.org](http://swdentalconf.org).**
- Those registering as spouses or exhibitors cannot receive CE credit.
- All 2017 SWDC courses are ticketed. Please indicate the course number for each course you intend to take.
- Fees increase \$25 after 8/4/17 and an additional \$25 on 9/13/17.



☐ YES! I want to make a \$50.00 or more tax-deductible contribution to the Dallas County Dental Society Foundation, benefitting access to oral health care in our community.

- ☐ \$50.00  
☐ \$100.00  
☐ Other \$\_\_\_\_\_

### 7 GRAND TOTAL

\$\_\_\_\_\_