

# Registration Form

## NORTH CAROLINA DENTAL SOCIETY - 162nd ANNUAL SESSION

Register online [www.ncdsannualsession.com](http://www.ncdsannualsession.com)

Download the mobile app by visiting the APP Store or Google Play

Registration deadline is **April 1, 2018** for discounted registration fees. All others must be received by May 1, 2018. On-site registration will be available at higher rates. **Mail completed forms including payment to NCDS 2018 Annual Session, 1600 Evans Rd. Cary, NC 27513.**

(Please type or print clearly)

Full Name of the Responsible Party completing registration \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

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

Office Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

If you prefer not to be listed on our mobile APP Attendee list please check here. (Family & guests are not included on the attendee lists.)

If you prefer your information not be shared with Exhibitors please check here.

### FOR DENTISTS AND DENTAL STUDENTS

ADA # \_\_\_\_\_ NCDS District \_\_\_\_\_ Graduation Year \_\_\_\_\_

Dental School Attended \_\_\_\_\_ Dental Specialty \_\_\_\_\_

#### DENTIST or STUDENT (PLEASE SELECT ONE)

			<u>Before April 1</u>	<u>After April 1</u>
<input type="checkbox"/>	NCDS Member Dentist	Full Name _____ Badge _____	\$325	\$375
<input type="checkbox"/>	ONSDS Member Dentist	Full Name _____ Badge _____	\$325	\$375
<input type="checkbox"/>	NCDS Retired Life Member	Full Name _____ Badge _____	N/C	N/C
<input type="checkbox"/>	NCDS First Full Year Member Dentist	Full Name _____ Badge _____	N/C	N/C
<input type="checkbox"/>	Dentist Serving in Military (Including Reserves)	Full Name _____ Badge _____	N/C	N/C
<input type="checkbox"/>	Non-NCDS Member Dentist	Full Name _____ Badge _____	\$625	\$675
<input type="checkbox"/>	UNC or ECU Full-Time Faculty	Full Name _____ Badge _____	\$150	\$200
<input type="checkbox"/>	Dental Students or Residents	Full Name _____ Badge _____	N/C	N/C

#### FAMILY & GUESTS (SELECT ALL THAT APPLY)

Each registered dentist and dental students may bring a spouse and children ages 12 and under at no charge. All others should register as guests.

			<u>Before April 1</u>	<u>After April 1</u>
<input type="checkbox"/>	Attending Spouse	Badge _____	N/C	N/C
<input type="checkbox"/>	Child (age 12 and under)	Badge _____	N/C	N/C
<input type="checkbox"/>	Child (age 12 and under)	Badge _____	N/C	N/C
<input type="checkbox"/>	Child (age 12 and under)	Badge _____	N/C	N/C
<input type="checkbox"/>	Guest	Badge _____	\$75	\$90
<input type="checkbox"/>	Guest	Badge _____	\$75	\$90

#### DENTAL STAFF (SELECT ALL THAT APPLY)

			<u>Before April 1</u>	<u>After April 1</u>
<input type="checkbox"/>	Hyg <input type="checkbox"/> DA <input type="checkbox"/> Lab <input type="checkbox"/> Office	Full Name _____ Badge _____	\$155	\$175
<input type="checkbox"/>	Hyg <input type="checkbox"/> DA <input type="checkbox"/> Lab <input type="checkbox"/> Office	Full Name _____ Badge _____	\$155	\$175
<input type="checkbox"/>	Hyg <input type="checkbox"/> DA <input type="checkbox"/> Lab <input type="checkbox"/> Office	Full Name _____ Badge _____	\$155	\$175
<input type="checkbox"/>	Hyg <input type="checkbox"/> DA <input type="checkbox"/> Lab <input type="checkbox"/> Office	Full Name _____ Badge _____	\$155	\$175
<input type="checkbox"/>	Hyg <input type="checkbox"/> DA <input type="checkbox"/> Lab <input type="checkbox"/> Office	Full Name _____ Badge _____	\$155	\$175
<input type="checkbox"/>	Hyg <input type="checkbox"/> DA <input type="checkbox"/> Lab <input type="checkbox"/> Office	Full Name _____ Badge _____	\$155	\$175

**Subtotal Page 1 \$ \_\_\_\_\_**

**Special Events and CE Programs Requiring Pre-Registration**

(NOTE: on-site registration only if space is available)

THURSDAY, MAY 18

Event	Fee	#Attending	Name(s)	Total
NCDS AWARDS LUNCHEON	\$10	_____	_____	_____

FRIDAY, MAY 19

Event	Fee	#Attending	Name(s)	Total
SUNRISE YOGA ON THE BEACH	N/C	_____	_____	_____
UNC DENTAL ALUMNI ASSOC BREAKFAST	\$25	_____	_____	_____
ACD/ICD/PFA LUNCHEON	\$40/pp	_____	_____	_____
SPICE PLUS ANNUAL OSHA UPDATE	\$75/pp	_____	_____	_____
DR. SAM LOW HANDS-ON WORKSHOP	\$250	_____	_____	_____
DR. MARK KLEIVE HANDS-ON WORKSHOP	\$150	_____	_____	_____
“LIKE TOTALLY AWESOME” PRE-PARTY FOR NEW NCDS MEMBERS & DENTAL STUDENTS	N/C	_____	_____	_____
BACK TO THE 80’S ARCADE PARTY		_____	_____	_____
Adult	\$25	_____	_____	_____
Child	\$10	_____	_____	_____
Dental Student	N/C	_____	_____	_____

SATURDAY, MAY 20

Event	Fee	#Attending	Name(s)	Total
NCDS PUTTING CONTEST - KINGSTON SPORTS CTR	\$10	_____	_____	_____
1980’S THEMED FUN RUN/WALK	\$20	_____	_____	_____
NCDPAC/LEGISLATIVE LUNCHEON	\$45	_____	_____	_____
NCDPAC Gold Member Level and Above	N/C	_____	_____	_____
NCDS KIDS’ EVENT - ATOMZ LAB (AGES 5-12)	\$25	_____	_____	_____

**CPR CERTIFICATION AND RENEWAL**

Event	Fee	#Attending	Name(s)	Total
THURSDAY AM	\$75	_____	_____	_____
THURSDAY PM	\$75	_____	_____	_____
FRIDAY AM	\$75	_____	_____	_____
FRIDAY PM	\$75	_____	_____	_____
SATURDAY AM	\$75	_____	_____	_____
SATURDAY PM	\$75	_____	_____	_____

<b>Payment Method</b>	
<input type="checkbox"/>	Check (Payable to NC Dental Society Annual Session)
<input type="checkbox"/>	Credit Card (Visa, MasterCard, and Discover)
Credit Card #	_____
Name on Card	_____
Exp. Date	_____

<b>Subtotal Page 2</b>	\$ _____
Total Page 1	\$ _____
Total Page 2	\$ _____
<b>GRAND TOTAL</b>	\$ _____