

Registration Form

NORTH CAROLINA DENTAL SOCIETY - 161st ANNUAL SESSION

Register online www.ncdsannualsession.com

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

Registration deadline is **April 1, 2017** for discounted registration fees. All others must be received by May 1, 2017. On-site registration will be available at higher rates. **Mail completed forms including payment to NCDS 2017 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)

			Before April 1	After April 1
<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 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.

			Before April 1	After April 1
<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)

			Before April 1	After April 1
<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
UNC DENTAL ALUMNI ASSOC BREAKFAST	\$25	_____	_____	_____
NCDS BIKE RIDE	N/C	_____	_____	_____
ACD/ICD/PFA LUNCHEON	\$40	_____	_____	_____
NO SUIT, NO TIE, NO PROBLEM PRE-PARTY (for new NCDS members & dental students)	N/C	_____	_____	_____
SPICE PLUS ANNUAL OSHA UPDATE	\$75	_____	_____	_____
MEET ME IN MARGARITAVILLE				
Adult	\$25	_____	_____	_____
Child	\$10	_____	_____	_____
Dental Student	N/C	_____	_____	_____

SATURDAY, MAY 20

Event	Fee	#Attending	Name(s)	Total
NCDS GOLF TOURNAMENT - TIDEWATER	\$150	_____	_____	_____
NCDS FUN RUN/WALK/STROLL	\$30	_____	_____	_____
NCDS TENNIS TOURNAMENT	\$50	_____	_____	_____
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	_____	_____	_____

Payment Method

- Check (Payable to NC Dental Society Annual Session)
- Credit Card (Visa, MasterCard, and Discover)

Credit Card # _____

Name on Card _____

Exp. Date _____

Subtotal Page 2 \$ _____

Total Page 1 \$ _____

Total Page 2 \$ _____

GRAND TOTAL \$ _____