

Attendee Registration Form

22nd Annual Meeting on Special Care Dentistry
March 26–28, 2010 | Swissôtel Chicago | Chicago, Illinois

Special Care
DENTISTRY
ASSOCIATION

1. Attendee Information

Dr. Mr. Ms.

First Name Last Name Credential

Company

Mailing Address

City State ZIP

Country

Phone Fax

E-mail

Are you a member of SCDA? Yes No

Is this your first SCDA Annual Meeting? Yes No

How did you hear about this event?

www.SCDAonline.org E-mail Word of Mouth Personal Invitation

 If due to a disability you have any special needs, please contact SCDA at 312.527.6764 or SCDA@SCDAonline.org.

2. Registration Fees

Registration includes access to all conference sessions and meal functions, with the exception of the SCDA Gala and workshops, which is an additional fee.

	Early (Before 2/3/10)	Late (After 2/3/10)
Dentist Member	<input type="checkbox"/> \$575	<input type="checkbox"/> \$675
Dentist Non-member	<input type="checkbox"/> \$750	<input type="checkbox"/> \$850
One-day Dentist Member	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450
<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
One-day Dentist Non-member	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550
<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Student/Resident	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
Non-dentist Member (Hygienist, Manager, Allied Health)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400
Non-dentist Non-member (Hygienist, Manager, Allied Health)	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500

Registration Fees Due \$ _____

3. Additional Options

SCDA Gala Reception (Adult) \$100 x _____ = _____

SCDA Gala Reception (Child-under 12) \$ 50 x _____ = _____

Guest Registration \$175
(Includes breakfast for 3 days, the Friday night reception and access to the exhibitors)

First Name Last Name

Hands-on Workshop: "I'd rather have a root canal than..."
Endodontic Challenges and Solutions
(Saturday, March 27, 9:30 a.m. – 5:30 p.m.) \$50

Additional Options Due \$ _____

4. Membership Enrollment/ Renewal Options

If you would like to renew your SCDA membership or become a member for the first time, please check one of the following options:

New Dentist (full year) \$235 Hygienist/Manager \$150
 Supporting Member \$145 Resident \$70
 Student \$60 Dentist Renewal \$265

Primary Component Group of Interest (Check one):

American Association of Hospital Dentists (AAHD)
 Academy of Dentistry for Persons with Disabilities (ADPD)
 American Society for Geriatric Dentistry (ASGD)

Membership Dues \$ _____

5. Payment Information

Amount Enclosed/Charged to credit card: \$ _____ (USD)

Payment Method: MasterCard VISA Check

Credit Card or Check Number Exp. Date

Cardholder Name

Cardholder Signature

Registration Information

- **REGISTER ONLINE AT:** www.SCDAonline.org (credit card payments only)
- **MAIL TO:** Special Care Dentistry Association, 2398 Paysphere Circle, Chicago, IL 60674
- **FAX TO:** 312.673.6663

Cancellation Policy: The registration fee, less a \$100 processing fee, is refundable if request is received in writing by February 3, 2010. No refunds after February 3, 2010.