

REGISTRATION

UDA Convention, April 26-27, 2018

Sorry, no refunds will be made. Staff and guests do not need to register with a dentist.

Please indicate where to mail your name badges and tickets:

Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Contact _____ Phone _____

The deadline for all pre-registration is April 8, 2018

	Registration fee until Mar 31	Registration fee after Mar 31	Total
UDA member dentist name _____			
ADA # _____ - _____ - _____	\$ 75 _____	\$ 90 _____	\$ _____
Out-of-state ADA member dentist name _____			
ADA # _____ - _____ - _____	\$185 _____	\$200 _____	\$ _____
Non-UDA/ADA dentist name _____	\$450 _____	\$465 _____	\$ _____
Spouse of dentist name _____	\$ 20 _____	\$ 35 _____	\$ _____
Fully retired dentist name _____			
ADA # _____ - _____ - _____	\$ 0 _____	\$ 0 _____	\$ _____
Spouse of fully retired dentist name _____	\$ 0 _____	\$ 0 _____	\$ _____
Student name(s) _____	x \$ 10 _____	\$ 10 _____	\$ _____

Staff does not need to register with a dentist. Dentists cannot register here. Add a sheet for additional names and codes.

Use these codes: A-Assistant H-Hygienist L-Lab Technician O-Office staff

Code	Name	Code	Name
_____ 1.	_____	_____ 4.	_____
_____ 2.	_____	_____ 5.	_____
_____ 3.	_____	_____ 6.	_____

Team luncheon, Lance Allred, see page 11 x \$24 _____

Hands-on workshops. To register for these workshops call UDA 801-261-5315.

- Thursday am, CPR and BLS Certification Workshop, Tobin Cowley, see page 10
- Thursday pm, CPR and BLS Certification Workshop, Tobin Cowley, see page 15
- Friday am, CPR and BLS Certification Workshop, Tobin Cowley, see page 25
- Friday pm, CPR and BLS Certification Workshop, Tobin Cowley, see page 29
- Friday am, Technology Workshop, Lab-Related, see page 25
- Friday pm, Technology Workshop, Office-Related, Paul Feuerstein, see page 27

Radiology course. Attendees must register for the entire convention and pay a \$20 fee for this course, see page 28 x \$20 _____

Names _____

Alliance luncheon (spouses of dentists), see page 26

Alliance member \$25 guest/non-alliance member \$30; spouse of dental student \$15

Names _____ x _____ \$ _____

Hygienists luncheon, see page 27 x \$45 _____

Names _____

Dental Student lunch and learn, see page 26 x \$5 _____

Names _____

TOTAL \$ _____

If you want a credit card receipt enter your email address above.

Register at uda.org or fax 801-261-1235 or Utah Dental Association, 1151 E 3900 S Ste 160, SLC UT 84124-1255

_____ Visa _____ Mastercard _____ American Express _____ Discover _____ Check

Name on card _____

Full Billing Address _____

Credit card number _____ Expires ____ / ____

CVV (3 or 4 digit) # _____ Signature _____