

# C4S ANNUAL CONFERENCE REGISTRATION

**REGISTRANT** Print clearly for accurate processing. One registration per person. Make a copy of registration for your records.

Name \_\_\_\_\_

ADA # \_\_\_\_\_

Office Address \_\_\_\_\_

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

Email \_\_\_\_\_

## MISCELLANEOUS

**Bringing your children?**

No  Yes Children's Ages \_\_\_\_\_

**Where are you staying?**

Camden on the Lake  Lodge of the Four Seasons  Other \_\_\_\_\_

**Will you be attending the Fire & Ice Welcome Reception?**

No  Yes - Qty. \_\_\_\_\_

**REGISTRATION DEADLINE:  
JUNE 5, 2019**

## REFUNDS & CANCELLATIONS

Any request for a refund/cancellation must be made in writing to Mandy Lewis at [mandy@modentalmail.org](mailto:mandy@modentalmail.org). A \$50 cancellation fee will be charged per registrant for all refunds prior to June 5, 2019. Refunds will not be granted for any reason after 11:59p, June 5, 2019. On-site registration will be available for an additional \$25 fee.

**REGISTER ONLINE AT [MODENTAL.ORG/C4S](http://MODENTAL.ORG/C4S)**

**Return completed form with check or credit card payment to:**  
Missouri Dental Association, 3340 American Ave, Jefferson City MO 65109

**Credit Card Payments Only:** Fax to 573-635-0764

If you have questions about completing this registration form,  
call the MDA at 573-634-3436 or 800-688-1907.

## PAYMENT DETAILS

**Grand Total** \$ \_\_\_\_\_

Check  VISA  MasterCard  Discover

Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ CSV \_\_\_\_\_

Signature \_\_\_\_\_

Card Billing Address \_\_\_\_\_

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

Email \_\_\_\_\_

**FEES** Registration includes all courses, meals and events

- |   |   |
|---|---|
| <input type="checkbox"/> Member   \$299                 | <input type="checkbox"/> New Dentist Non Member   \$279 |
| <input type="checkbox"/> New Dentist Member   \$179     | <input type="checkbox"/> Class of 2019 Member   \$99    |
| <input type="checkbox"/> Retired Dentist Member   \$209 |   |
| <input type="checkbox"/> Dental Team Member   \$209     |   |
| <input type="checkbox"/> Non Member   \$499             |   |

**Total:** \_\_\_\_\_

**COURSES** *Purple denotes New Dentist Committee Recommended Course*

**Friday AM - Choose One**

- Advanced Restorative Approaches for Implant Dentistry
- Dental Trials from the Trenches: Courtroom Horror Stories and Hot Topics in Dentistry

**Friday PM - Choose One**

- Hands-On Workshop: Advanced Restorative Approaches for Implant Dentistry | **Additional \$125**
- Differentiate Yourself: Clinical67 and Marketing Tips to Generate New Patients!
- Pediatric Pearls for the General Practitioner

**Saturday AM - Choose One**

- Diagnostically Driven Dentistry
- #ReputationMatters: Grow Your Practice For FREE!

**Total:** \_\_\_\_\_

## AMERICAN COLLEGE DINNER

\$50 per Person, Friday 6:30p – 10p

Qty \_\_\_\_\_ Prime Rib Qty \_\_\_\_\_ Blackened Grouper

Guest Name \_\_\_\_\_ **Total:** \_\_\_\_\_

## NEW DENTIST SOCIAL HOUR

\$20 per New Dentist/Guest, Friday 7p – 8p

Qty \_\_\_\_\_ x \$20

Guest Name \_\_\_\_\_ **Total:** \_\_\_\_\_

## GUEST MEAL ONLY OPTION

*Includes attendance at Thursday Fire & Ice Welcome Reception & Exhibits Preview, Friday/Saturday breakfast, Friday lunch, Friday ReConnect Reception and all breaks.*

Qty \_\_\_\_\_ x \$50

Guest Name \_\_\_\_\_ **Total:** \_\_\_\_\_

## CONNECT 4 CASH RAFFLE TICKETS

Qty \_\_\_\_\_ x \$100

**Total:** \_\_\_\_\_

**GRAND TOTAL**

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