

Name \_\_\_\_\_  DDS  DMD  Male  Female  
First M.I. Last Hyphen Name Suffix

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Home  Office  New Address

Phone (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Dental School \_\_\_\_\_ AGD Mem. # \_\_\_\_\_ Year Degree Conferred \_\_\_\_\_

## REGISTRATION FEES:

(No Checks Accepted On-Site)

## CONVENTION REGISTRATION INCLUDES:

• Admission to All Scientific Sessions • President's Reception - Thursday

• Access to All Technical Exhibits • Opening Session - Thursday

CATEGORIES	By December 31, 2019	JAN-MAR 30, 2020	APR - JUN 30, 2020	JULY AND ONSITE
NDA Member	<input type="checkbox"/> \$ 550	<input type="checkbox"/> \$ 595	<input type="checkbox"/> \$ 650	<input type="checkbox"/> \$ 750
New Dentist (<5yrs)	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$ 400	<input type="checkbox"/> \$ 450	<input type="checkbox"/> \$ 500
One Day Rate	<input type="checkbox"/> \$ 300	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$ 375	<input type="checkbox"/> \$ 400
Non-Member	<input type="checkbox"/> \$ 800	<input type="checkbox"/> \$ 850	<input type="checkbox"/> \$ 900	<input type="checkbox"/> \$ 1150
Current Resident **	<input type="checkbox"/> \$ 300	<input type="checkbox"/> \$ 325	<input type="checkbox"/> \$ 325	<input type="checkbox"/> \$ 350
2019 Graduate	<input type="checkbox"/> \$ 300	<input type="checkbox"/> \$ 300	<input type="checkbox"/> \$ 325	<input type="checkbox"/> \$ 325

### GRADUATES & RESIDENTS

#### DUES & REGISTRATION INFORMATION

##### DUES FOR GRADUATES\*

NOTE: Copy of DDS or DMD diploma or letter from school confirming your degree date is required for all Graduates (NO EXCEPTIONS). Residency Completion Certificates and Master Degrees do not qualify for "Graduate Status." Applications will not be processed until required documentation is received.

##### DUES AND REGISTRATION FOR RESIDENTS\*\*

NOTE: Copy of DDS or DMD diploma and letter from Chairman confirming your program start and end dates are required for all residents (NO EXCEPTIONS). Resident dues and registration are for dentists participating in a Residents program and NOT after the completion of the program. Applications will not be processed until all required documentation is received.

REMINDER: NDA Dues are structured as a tri-par-tite. Therefore, in order to be deemed a member-in-good-standing, your national, state, and local dues must be paid in full.

SPECIAL EVENT TICKETS	By December 31, 2019	JAN-MAR 30, 2020	APR - JUN 30, 2020	JULY AND ONSITE
WHS Awards Luncheon	___ x \$ 80 ___	___ x \$ 80 ___	___ x \$ 85 ___	___ x \$ 90 ___
Civil Rights Luncheon	___ x \$ 80 ___	___ x \$ 80 ___	___ x \$ 85 ___	___ x \$ 90 ___
CPR Certification	___ x \$ 65 ___	___ x \$ 65 ___	___ x \$ 75 ___	___ x \$ 75 ___
<b>Sub-Total \$</b>				

## 2020 MEMBERSHIP DUES:

- Active Member \$395
- Active Military/Affiliate/International/Associate (non-dentist) /Full time faculty \$270
- Retired Member \$100
- 2018 Graduate\* \$200
- 2019 Graduate\* \$ 50
- 2020 Graduate\* \$ 0
- Current Resident\*\* \$ 50

All convention Spouses & guests, including office managers must register with ANDA; All hygienists must register with NDHA; All dental assistants must register with NDA.

Registration Fees Total \$ \_\_\_\_\_

Membership Dues Total \$ \_\_\_\_\_

Sub-Total: \$ \_\_\_\_\_

Grand Total: \$ \_\_\_\_\_

**No Refunds after June 1st.**

## PAYMENT INFORMATION

## PAYMENT PLAN (Must Be Paid In Full By May 31st)

Check or Money Order  Credit Card  2 Months  3 Months  4 Months

Card Holder's Name \_\_\_\_\_

AmEx  Discover  MasterCard  VISA  
 Credit Number \_\_\_\_\_  
 Expiration Date   /   CVV \_\_\_\_\_ Billing Zip-Code \_\_\_\_\_

Card Holder's Signature & Date \_\_\_\_\_

Form submitted by:  Fax: 240.297.9181  Online: [www.ndaonline.org](http://www.ndaonline.org)

By signing this form, you give NDA permission to charge your card for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

OTHER CONTRIBUTIONS: A SEPARATE CHECK IS REQUIRED FOR EACH CONTRIBUTION [tax deductible - 501(c)3]

NDA Endowment Fund \$ \_\_\_\_\_  NDA Legacy Fund (donations also available online) \$ \_\_\_\_\_

Mail in Check / Money Order to: National Dental Association, 6411 Ivy Lane, Suite 703, Greenbelt, MD 20770  
 or Fax form with credit card information to: 240.297.9181, Attn: Member Services. ALWAYS RETAIN A COPY FOR YOUR RECORDS.