

2024 FLORIDA DENTAL CONVENTION

PRE-REGISTRATION DEADLINE for mail registration is Friday, June 7, 2024. (Mailed registrations postmarked after this date will not be processed).

1 ATTENDEE INFORMATION (Please complete one registration form per person)

ATTENDEE NAME _____

MAILING ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

EMAIL ADDRESS _____

LICENSE # (IF APPLICABLE) _____

ADA # (IF APPLICABLE) _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____

2 PRACTICE TYPE (Select one)

- | | | |
|---|--|--|
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Endodontics | <input type="checkbox"/> Oral Medicine |
| <input type="checkbox"/> Oral Pathology | <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> Oral & Maxillofacial |
| <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Pediatric Dentistry | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Prosthodontics | <input type="checkbox"/> Public Health | <input type="checkbox"/> Periodontics |
| <input type="checkbox"/> Dental Assoc. Admin. | <input type="checkbox"/> Retired | <input type="checkbox"/> Dental School Faculty |

3 REGISTRATION CATEGORIES (Select one)

Save money and register early!
On-site registration and course fees are higher.

CATEGORIES	FEE (BY 6/7)	FEE (ON-SITE)
DENTISTS		
<input type="checkbox"/> Dentist/FDA Member	\$0	\$65
<input type="checkbox"/> Dentist/ADA Member**	\$130	\$160
<input type="checkbox"/> Dentist/Active Military Member	\$50	\$70
<input type="checkbox"/> Dentist/Non-ADA/FDA Member	\$360	\$380
<input type="checkbox"/> Int'l Dentist/ADA Affiliate Member	\$315	\$335
<input type="checkbox"/> Int'l Dentist/Non-ADA Affiliate Member	\$360	\$380
DENTAL STUDENTS		
<input type="checkbox"/> Dental Student/ASDA Member	\$0	\$50
<input type="checkbox"/> Dental Student/Non-ASDA Member	\$50	\$70
TEAM MEMBERS		
<input type="checkbox"/> Section Business Assistant*	\$50	\$70
<input type="checkbox"/> Non-Section Business Assistant	\$80	\$100
<input type="checkbox"/> Section Chairside Assistant*	\$50	\$70
<input type="checkbox"/> Non-Section Chairside Assistant	\$80	\$100
<input type="checkbox"/> Section Hygienist*	\$50	\$70
<input type="checkbox"/> Non-Section Hygienist	\$80	\$100
<input type="checkbox"/> Lab Technician	\$50	\$70
GUESTS/FAMILY		
<input type="checkbox"/> Child (8-18)	\$25	\$30
<input type="checkbox"/> Guest (19+)	\$50	\$55
EXHIBIT HALL PASS		
<input type="checkbox"/> Exhibit Hall Only	\$0	\$0
<input type="checkbox"/> Role in the Dental Office (or Guest): _____		

*Employees of FDA member dentists are designated Section Members.

** Dentist/ADA Member registration includes dual membership to the Florida Dental Association for 2024. **This registration fee is non-refundable.**

Note: Guest, Child and Exhibit Hall Only registrations cannot receive CE credit. If you wish to receive credit, you must register as the appropriate professional category.

REGISTRATION/COURSE PRICING DEADLINES

Early Bird Registration Pricing: 3/1/24-4/12/24

Regular Registration Pricing: 4/13/23-6/7/24

On-site Registration Pricing: 6/8/24-6/22/24

4 COURSE SELECTION

Refer to the course descriptions starting on page 6 of this booklet for course codes and fees.
Please duplicate this form for additional registrants in your group.

	CODE #	AMOUNT	CODE #	AMOUNT	CODE #	AMOUNT	CODE #	AMOUNT	CODE #	AMOUNT	CODE #	AMOUNT
Thurs., June 20		\$		\$		\$		\$		\$		\$
Fri., June 21		\$		\$		\$		\$		\$		\$
Sat., June 22		\$		\$		\$		\$		\$		\$
TOTAL		\$		\$		\$		\$		\$		\$

5 SPECIAL EVENTS (Check all that apply)

- Thursday, June 20**
LIVE! at FDC Party | 8-11 PM | FREE
- Friday, June 21**
FDA Awards Luncheon | 11:30 AM-1 PM | Ticket: \$55, Table of 10: \$550
- Friday, June 21**
Jurassic Party | 7:30-10:30 PM | FREE

6 FDC POLICIES (For each attendee)

Cancellation Policy: All cancellations and/or requests for refunds for FDC2024 must be made in writing and postmarked by June 7, 2024. All complete registration cancellations are subject to a service and handling fee in the amount of \$30 per cancelled registrant. Refunds are paid to the individual whose name appears at the top of the check or on the credit card used to pay for registration. Please allow up to six weeks after the meeting for refunds to be processed. No refunds will be given for onsite transfers regardless of difference in course tuition. No cancellation refunds for FDC2024 courses, workshops, events or complete registrations will be honored for any reason after the June 7, 2024 deadline. Refunds will not be given for no-shows, employee terminations, or sickness/COVID-19 after the June 7 deadline. **Registration fees for Dentists/ADA Member includes dual membership to the Florida Dental Association and are non-refundable.**

Photo Release Policy: By registering for the 2024 Florida Dental Convention, you are authorizing the Florida Dental Association (FDA) the right to photograph you, your invitees and guests while attending courses or using common or public areas of the hotel and to use the photographs in all formats and media for any purpose, including for education, marketing and trade purposes. By registering, you release FDA from all claims arising out of the use of the photographs, including without limitation all claims for compensation, libel, invasion or privacy or violation of copyright ownership.

Email List Policy: By registering for the 2024 Florida Dental Convention, you authorize the Florida Dental Association (FDA) to add you to its email marketing list to receive convention updates for 2024 and subsequent years. You can opt-out at any time but will not receive pertinent information regarding your registration.

Course Satisfaction Disclaimer: Should you choose to register for a course knowing you are outside the recommended audience, refunds will not be issued if you are dissatisfied with the course.

Video Recording/Photography Disclaimer: Video recording and photography is strictly prohibited in all scientific sessions unless otherwise stated by the speaker. Course audio recordings are available to purchase onsite for \$20 each, if you wish to view course content at a later date.

- I certify that I have read the above FDC policies and agree to abide by the terms and conditions of these policies.

ATTENDEE SIGNATURE _____

(Application without signatures from each attendee will not be accepted)

7 AMOUNT DUE

CATEGORY	AMOUNT
REGISTRATION TOTAL (SECTION 3)	\$
COURSE FEE TOTAL (SECTION 4)	\$
AWARDS LUNCHEON TOTAL (SECTION 5)	\$
GRAND TOTAL	\$

8 METHOD OF PAYMENT

MasterCard, Visa, AmEx, Discover & check accepted.
Make checks payable to the Florida Dental Association.

PAYMENT TYPE: CREDIT CARD CHECK CHECK NO. _____

CREDIT CARD NO. _____

EXP. DATE _____ SECURITY CODE _____

PRINT NAME ON CARD _____

BILLING ADDRESS _____

CITY _____

STATE _____ ZIP _____

CARDHOLDER SIGNATURE _____

If submitting multiple registration forms for one office and paying for all registrations with one credit card or check, you only need to complete this section. PLEASE VIEW AND ACKNOWLEDGE FDC POLICIES FOR EACH ATTENDEE.

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