

REGISTRATION INFORMATION

SDDS KNOCKS IT OUT *OF THE* CE PARK!

THE SACRAMENTO DISTRICT DENTAL SOCIETY PRESENTS
The 36th Annual **MIDWINTER CONVENTION & EXPO**

FEBRUARY
18 & 19, 2016
SACRAMENTO CONVENTION CENTER



Get your tickets!

**FRONT OFFICE
BOOT CAMP**

**PRACTICE
MANAGEMENT TRACK**

**SUPREME
SPEAKERS**

**GRAND SLAM!
MEALS INCLUDED**

**LICENSURE
RENEWAL COURSES**

LOTS OF CE

Expo Hall
70 VENDORS



*Classes
Scheduled*

**THURSDAY
FEBRUARY 18
7:30AM-5:00PM**

**FRIDAY
FEBRUARY 19
7:30AM-4:00PM**

ADMIT ONE



SEC	ROW	SEAT
18	19	16

We're building it... WE HOPE YOU'LL COME!

To avoid duplication, either scan and fax (916.447.3818) OR mail your registration form OR register online at www.sdds.org.

ONE REGISTRATION FORM PER ATTENDEE Please print clearly. This information will be used to print name badges.

Attendee Name: _____ Title/Degree: _____
 Member Dentist's Name: _____ ADA #: _____
 Office Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____
**Individual email preferred (not main office email)*

SIGN UP 5 STAFF, GET THE 6TH FREE! • COURSE INFORMATION AND OTHER CONVENTION CORRESPONDENCE WILL BE SENT VIA EMAIL.

FEES (circle the rate for the above attendee)	EARLY	REGULAR	ONSITE
INCLUDES FRESH FOOD!	(on or before NOV. 1)	(on or before JAN. 24)	(after JAN. 24)
Dentists (ADA Members)	\$325	\$379	\$399
Dentists (ADA Members) — ONE DAY ONLY <input type="checkbox"/> Thursday ONLY <input type="checkbox"/> Friday ONLY	\$275	\$295	\$325
SDDS DHP Members	\$169	\$179	\$199
Auxiliary/Spouse (ADA Member*) * if doctor is attending	\$189	\$199	\$209
Auxiliary/Spouse (ADA Member**) ** if doctor is NOT attending	\$199	\$199	\$219
Dentist (Non-ADA Members)	\$700	\$800	\$900
Auxiliary/Spouse (of Non-ADA Member)	\$300	\$350	\$400
Lab Technicians	\$279	\$289	\$299
Expo Only (No Meals) (ADA Members) <i>Th 1:30–5:30pm • Fr 8:00–10:45am</i>	complimentary	complimentary	complimentary
Expo Only (No Meals) (Non-ADA Members)	\$100/day	\$125/day	\$150/day

Full convention registration includes:

- All food and refreshments
- All courses
- Expo floor full access

REFUND/CANCELLATION POLICY: Cancellations received in writing by January 10, 2016 will receive a full refund less \$25 per registrant processing fee. Cancellations received after this date are nonrefundable, but substitutions will be allowed. There will be no refund for "No Shows" or for registrations made after this date.

PAYMENT METHOD: Check Enclosed Bill Me (SDDS Members only) MasterCard Visa

TOTAL: \$ _____

Card #:

Exp. Date: /

Cardholder Name: _____ 3-digit Security Code:

Billing Address: _____

Please make checks payable to Sacramento District Dental Society (SDDS)
2035 Hurley Way, Ste 200 • Sacramento, CA 95825 • 916.446.1227 ph • 916.447.3818 fx • www.sdds.org