

Oh! The Info We Need...

To submit, either scan/email to events@sdds.org OR 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: _____

Email: _____
**Attendee's email required - handout link will be sent to this email (not main office email)*

SIGN UP 6 STAFF, GET THE 7TH FREE! • COURSE INFORMATION AND OTHER CONVENTION CORRESPONDENCE WILL BE SENT VIA EMAIL.

FEES (circle the rate for the above attendee)	EARLY	REGULAR	LATE
INCLUDES FOOD!	(on/before NOV. 1)	(on/before JAN. 18)	(begins JAN. 19)
Dentists (ADA Members)	\$395	\$445	\$475
Dentists (ADA Members) — ONE DAY ONLY <input type="checkbox"/> Thursday ONLY <input type="checkbox"/> Friday ONLY	\$325	\$350	\$375
Auxiliary/Spouse (ADA Member)	\$315	\$335	\$375
Auxiliary/Spouse (ADA Member) — ONE DAY ONLY <input type="checkbox"/> Thursday ONLY <input type="checkbox"/> Friday ONLY	\$275	\$300	\$325
SDDS DHP Members	\$299	\$325	\$350
SDDS DHP Members — ONE DAY ONLY <input type="checkbox"/> Thursday ONLY <input type="checkbox"/> Friday ONLY	\$200	\$225	\$275
Dentists (Non-ADA Members)	\$849	\$899	\$949
Dentists (Non-ADA Members) — ONE DAY ONLY <input type="checkbox"/> Thursday ONLY <input type="checkbox"/> Friday ONLY	\$699	\$789	\$809
Auxiliary/Spouse (Non-ADA Member)	\$400	\$425	\$450
Auxiliary/Spouse (Non-ADA Member) — ONE DAY ONLY <input type="checkbox"/> Thursday ONLY <input type="checkbox"/> Friday ONLY	\$325	\$350	\$375

DHP Member

If you sign up for DHP membership, you'll be able to attend MidWinter at a discount, as well as any other SDDS courses! The DHP membership is just \$95 for the entire year!

SIGN ME UP AS A DHP (\$95)

REFUND/CANCELLATION POLICY: Cancellations received in writing by January 5, 2023 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) Credit Card

TOTAL: \$ _____

Card #: _____ Exp. Date: _____

Cardholder Name: _____ 3-digit Security Code: _____

Billing Address: _____