Registration: April 21- 23, 2016
Inland Northwest Dental Conference
Spokane Convention Center

Questions? Call (509) 838-0436
Or wendy@spokanedentalsociety.org

1 Office Name _____

Primary Registrant _____
(First, MI, Last)

ADA Number _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Email _____

2 Registration Code & Fees:

Attending dentists may only register as a dentist..
***Full Conf Badges include an Exhibit Badge**

Registration Category	Code #	Full Conference Badge Early Bird Fee Before April 13	Full Conference Badge Regular Fee After April 13		Exhibit Badge EXHIBITS ONLY Early Bird Fee Before April 13	Exhibit Badge EXHIBITS ONLY Regular Fee After April13
WSDA Member Dentist	01	$250	$275	OR	$20	$30
SDDS Associate Member	02	$250	$275	OR	$20	$30
ADA Member from AK, OR, ID, MT (11th Dist.)	03	$275	$295	OR	$20	$30
Guest Dentist (ADA Member, Foreign, NDA)	04	$300	$325	OR	$20	$30
Non-ADA Member	05	$800	$900	OR	$100	$200
Dental Hygienist	06	$150	$175	OR	$20	$30
Dental Assistant	07	$115	$135	OR	$20	$30
Dental Front/Business Office	08	$115	$135	OR	$20	$30
Dental Laboratory Technician	09	$250	$275	OR	$20	$30
Spouse (other than licensed dentist)	10	$100	$120	OR	$20	$30
Guest (family, non-dental professional)	11	$100	$120	OR	$20	$30
SDDS Retired Member	12	N/C	$ 25	OR	N/C	N/C
Provide Student ID for the Following Categories						
Dental Student (ASDA Member)	13	N/C	N/C	OR	N/C	N/C
Auxiliary Student (hygienist, assistant, lab tech.)	14	$ 25	$ 35	OR	n/a	n/a

3 Names for Badges (please print or type)

	First Name	Last Name	First Name on Badge
1)			
2)			
3)			
4)			
5)			

4 Registration

Code#	Fee

5 Workshops

Code / Fee / Code / Fee

6 Lunch Buffet

Thursday $18	Friday $18

Total Fees:
Badge Subtotal $ _____
Workshop Subtotal $ _____
Lunch Subtotal $ _____
Grand Total: $ _____

Payment:
☐ Check
☐ Credit Card

Card # _____
Exp Date: _____ Zip Code: _____

Mail **OR** Fax Form
If you Fax, do NOT mail original

Signature _____

Note: All credit card transactions are processed in U.S. Dollars and are subject to the current exchange rate. SDDSreserves the right to audit or adjust any total charges due to registrant error.

Mail Registration Form to:

Spokane District Dental Society
23403 E. Mission Ave, #104
Liberty Lake, WA 99019

FAX Registration Form to:
509-838-5040
Fax credit card registrations only.

If you fax your registration, do NOT mail the original.