

April 23-25, 2020
Inland Northwest Dental Conference
Northern Quest Resort
 Phone (509) 838-0436
 Fax (509) 838-5040
 wendy@spokanedentalsociety.org

1 Office Name or Primary Registrant (if registering individually)

 Mailing Address _____

 City _____ State _____ Zip _____
 Phone: _____ Fax: _____
 Email _____

2 Registration Code & Fees:
 **cancellations are subject to a \$30 fee per person
 (no refunds after April 10, credit for 2021 conf. only)

Full Conference Badge
Early Bird Ends
April 10, 2020

Registration Category	Code #	EARLY FEE	LATE FEE
WSDA Member Dentist	01	\$220	\$250
SDDS Associate Member	02	\$220	\$250
ADA Member from AK, OR, ID, MT (11th Dist.)	03	\$225	\$250
Guest Dentist (ADA Member, Foreign, NDA)	04	\$225	\$250
Non-ADA Member	05	\$450	\$475
Dental Hygienist	06	\$160	\$170
Dental Assistant	07	\$120	\$130
Dental Front/Business Office	08	\$120	\$130
Dental Laboratory Technician	09	\$175	\$200
Spouse (other than licensed dentist)	10	\$100	\$110
Guest (family, non-dental professional)	11	\$100	\$110
SDDS Retired Member	12	Free	\$10
Dental Student (ASDA Member)	13	Free	\$10

3 Names for Badges (PLEASE PRINT CLEARLY)

First Name	Last Name
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

4 Reg. Code

Code /Fee

5 Workshop Tickets

Code(s)

6 Lunch buffet

Thurs. \$22	Friday \$22
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7 Staff Party 4/24

\$40 per person

Total Fees:
 Badge Subtotal \$ _____
 #5, 6 & 7 Subtotal \$ _____
Grand Total: \$ _____

Payment Method:
☐ Check (payable to SDDS)
☐ Visa
☐ Mastercard
☐ American Express

Credit Card # _____
 Card Expiration _____ Billing Zip Code _____
 Signature _____

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



Mail registration form to: SDDS, 23403 E Mission Ave #104, Liberty Lake, WA 99019 OR fax to 509-838-5040