



NEW ORLEANS
JULY 20-23 2023
 HYATT REGENCY

REGISTRATION

Membership Period
 January 1 through December 31, 2023

Dental Specialty:
 Today's Date:

Name _____ DDS DMD Male Female
First M.I. Last Hyphen Name Suffix

Preferred Mailing Address _____

City _____ State _____ Zip _____ Home Office New Address

Phone (Work) _____ (Fax) _____ (Home) _____

(Cell) _____ E-Mail _____

Dental School _____ AGD Mem.# _____ Year Degree Conferred _____

REGISTRATION FEES: CONVENTION Admission to All Scientific Sessions President's Reception - Thursday
 (No Checks Accepted On-Site) **REGISTRATION INCLUDES:** Access to All Technical Exhibits Opening Session - Thursday

CATEGORIES	By December 31, 2022	JAN - MAR 30, 2023	APR - MAY, 2023	JUNE AND ONSITE
NDA MEMBER	<input type="checkbox"/> \$ 550	<input type="checkbox"/> \$ 600	<input type="checkbox"/> \$ 650	<input type="checkbox"/> \$ 750
NEW DENTIST (<5yrs)	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$ 400	<input type="checkbox"/> \$ 450	<input type="checkbox"/> \$ 500
One Day Rate	<input type="checkbox"/> \$ 300	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$ 375	<input type="checkbox"/> \$ 400
Non-Member	<input type="checkbox"/> \$ 800	<input type="checkbox"/> \$ 850	<input type="checkbox"/> \$ 900	<input type="checkbox"/> \$ 1150
Current Resident**	<input type="checkbox"/> \$ 300	<input type="checkbox"/> \$325	<input type="checkbox"/> \$ 325	<input type="checkbox"/> \$ 350
2021 Graduate	<input type="checkbox"/> \$ 300	<input type="checkbox"/> \$ 300	<input type="checkbox"/> \$ 325	<input type="checkbox"/> \$ 325

SPECIAL EVENT TICKETS	By December 31, 2022	JAN - MAR 30, 2023	APR - MAY, 2023	JUNE AND ONSITE
GALA	___ x \$ 100 ___	___ x \$ 120 ___	___ x \$ 130 ___	___ x \$ 140 ___
WHS Awards Luncheon	___ x \$ 80 ___	___ x \$ 80 ___	___ x \$ 85 ___	___ x \$ 90 ___
Civil Rights Luncheon	___ x \$ 65 ___	___ x \$ 65 ___	___ x \$ 75 ___	___ x \$ 75 ___
CPR	___ x \$ 80 ___	___ x \$ 80 ___	___ x \$ 85 ___	___ x \$ 90 ___
Sub-Total \$				

2022 MEMBERSHIP DUES:

- Active Member \$395
 - Active Military/International/Associate (non-dentist) /Full time \$ 270
 - Retired Member \$ 100
 - 2021 Graduate* \$ 200
 - 2022 Graduate* \$ 50
 - 2023 Graduate* \$ 0
 - Current Resident** \$ 50
- Click here if you prefer to receive your registration forms delivered by postal mail. A \$15 service fee applies.

All convention Spouses & guests, including office managers must register with ANDA; All hygienists must register with NDHA; All dental assistants must register with NDAA.

PAYMENT INFORMATION

Check or Money Order Credit Card

Card Holder's Name _____

AmEx Discover MasterCard VISA

Credit Number _____

Expiration Date / CVV Billing Zip-Code

GRADUATES & RESIDENTS DUES & REGISTRATION INFORMATION

DUES FOR GRADUATES*

NOTE: Copy of DDS or DMD diploma or letter from school confirming your degree date is required for all Graduates (NO EXCEPTIONS). Residency Completion Certificates and Master Degrees do not qualify for "Graduate Status." Applications will not be processed until required documentation is received.

DUES AND REGISTRATION FOR RESIDENTS**

NOTE: Copy of DDS or DMD diploma and letter from Chairman confirming your program start and end dates are required for all residents (NO EXCEPTIONS). Resident dues and registration are for dentists participating in a Residents program and NOT after the completion of the program. Applications will not be processed until all required documentation is received.

REMINDER: NDA Dues are structured as a tri-par-tite. Therefore, in order to be deemed a member-in-good-standing, your national, state, and local dues must be paid in full.

Registration Fees Total \$ _____

Membership Dues Total \$ _____

Sub-Total: \$ _____

Grand Total: \$ _____

No Refunds after June 1st.

Card Holder's Signature & Date _____

Form submitted by: Fax: 240.297.9181 Online: www.ndaonline.org

By Signing this form, you give NDA permission to change your card for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your accounts.

OTHER CONTRIBUTIONS: A SEPARATE CHECK IS REQUIRED FOR EACH CONTRIBUTION [tax deductible - 501(c)3]
 NDA Endowment Fund \$ _____ NDA Legacy Fund (donations also available online) \$ _____

Mail in Check / Money Order to: National Dental Association, 3060 Mitchellville Rd. Suite 215, Bowie, MD 20716
 or Fax form with credit card information to: 240.297.9181, Attn: Member Services. ALWAYS RETAIN A COPY FOR YOUR RECORDS.