Greater New York Dental Meeting

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November 26 - December 1

Advanced Registration Form

No Pre-Registration Fee

1 PRIMARY REGISTRANT (Print or Type) *One Form Is Necessary For Each Office*

First Name M.I. Last Name

Complete Mailing Address (❍ Office ❍ Home)

City State Zip Code/Postal Code

Country

Telephone Number Fax Number

E-mail (❍ I Do Not Wish To Receive Information Via E-mail) ❍ First-time Registrant

2 REGISTRATION CODE

DENTIST		Fee	Credentials Needed
❍ DN	ADA Member	No Fee	ID
❍ UN	Non-ADA Member	No Fee	ID
❍ ID	International Dentist	No Fee	ID
❍ DR	Resident	No Fee	Hospital ID
❍ GS	Graduate Student	No Fee	School ID
❍ DS	Dental Student	No Fee	School ID

AUXILIARY PERSONNEL			
❍ RH	Hygienist	No Fee	ID
❍ HS	Hygienist Student	No Fee	School ID
❍ CA	Assistant Certified	No Fee	DANB Card
❍ DA	Assistant	No Fee	ID
❍ AS	Assistant Student	No Fee	School ID
❍ CT	Technician Certified	No Fee	Business Card
❍ DT	Technician	No Fee	Business Card
❍ TS	Technician Student	No Fee	School ID
❍ ST	Administrative Staff	No Fee	Sponsor
❍ NE	Non-Exhibiting Dental Trade	$80	Business Card
❍ GU	Guest/Spouse	No Fee	Sponsor
❍ CH	Children	No Fee	Under 18 years

Cancellation/Refunds Policy: Program ticket request for refunds must be in writing and post-marked no later than November 2, 2010. Tickets/Badges must be included with the cancellation/refund request. Refunds requested after this date will not be granted, including requests based on absence due to illness, late arrival for courses, weather and/or parking difficulties. A $10.00 processing fee will be deducted from all refunds.

Refunds will be mailed by February 2011. If you have paid by check for a course which has been sold out, you will automatically receive a refund by February 2011.

3 ADDITIONAL REGISTRANT(S) Staff, Family, etc (Print or Type)

First Name M.I. Last Name	Registration Code	Pre-Reg Fee	Course # / Fee	Course # / Fee	Course # / Fee	Course # / Fee	Total
	_____	$_____	_____/$_____	_____/$_____	_____/$_____	_____/$_____	$_____
	_____	$_____	_____/$_____	_____/$_____	_____/$_____	_____/$_____	$_____
	_____	$_____	_____/$_____	_____/$_____	_____/$_____	_____/$_____	$_____
	_____	$_____	_____/$_____	_____/$_____	_____/$_____	_____/$_____	$_____
	_____	$_____	_____/$_____	_____/$_____	_____/$_____	_____/$_____	$_____
	_____	$_____	_____/$_____	_____/$_____	_____/$_____	_____/$_____	$_____
	_____	$_____	_____/$_____	_____/$_____	_____/$_____	_____/$_____	$_____
	_____	$_____	_____/$_____	_____/$_____	_____/$_____	_____/$_____	$_____

Grand Total $_____

4 PAYMENT METHOD

❍ Check/Money Order ❍ Visa ❍ MasterCard ❍ American Express

Credit Card Number *Expiration Date*

Name (As it appears on card)

Signature (Indicates approval for charges to your account.)

5 MAIL REGISTRATION FORM TO:

Greater New York Dental Meeting
P.O. Box 4088 ~ Frederick, MD 21705-4088
Telephone (301) 694-5243
Fax (301) 694-5124

On-line Registration - **WWW.GNYDM.COM**

If you fax your registration form
DO NOT ALSO MAIL IT.
This will result in duplicate registration and charges.

ADVANCED REGISTRATION DEADLINES

Applications received after 11/1/10 **will be** processed **but not** mailed and can be picked up on-site. On-line registration will be accepted until 12/1/2010. If you register **on-site,** or after 11/25/10, a $30.00 administrative fee will be assessed. **No checks are accepted on-site.**

All credit card transactions are processed in U.S. dollars and are subject to the current exchange rates. Returned checks are subject to a $30.00 fee.