

Section-by-Section Instructions
Registration form is on page 2 of this pdf.

1 PRIMARY REGISTRANT

Registration materials for the entire office will be sent to the primary registrant's address. All registrants must answer the three questions at the end of section 1 on the registration form. If you need to list more than three registrants from your office, please photocopy the registration form and use the photocopies as continuation sheets. If using a continuation sheet, mark the box at the top of the form, enter the primary registrant's name in section 1, and proceed directly to section 4.

2 SPECIALTY

Please choose one box only to indicate the doctor's specialty.

3 REGISTRANT CATEGORIES & FEES

The ODC has many different registration categories. Be sure to review the table carefully ensure you are paying the correct fee. Note that dentists may only register as dentists; dentists may not register as guests. Please be aware that complimentary student badges for pre-dental students, hygiene students, assisting students, and lab tech students do not have a CE Verification Number and will not be able to access the CE system. If you require CE, please register in a paid category.

4 NAME BADGE INFORMATION & FEE CALCULATION

- ✓ **Print badge names clearly** and include the preferred first name for each person.
- ✓ Make the primary registrant the first entry on the registration form.
- ✓ Enter the appropriate registration code from section 3 for each person registering.
- ✓ Mark if the registrant will be attending Friday evening's All-In For Fun (casino night) team event.
- ✓ Indicate whether a **CONFERENCE BADGE** (admittance to all lectures and Solutions Marketplace) or a **SOLUTIONS MARKETPLACE-ONLY BADGE** (admittance only to the Solutions Marketplace) is desired.
- ✓ Enter the appropriate fee according to the date of registration.
- ✓ Enter the 4-digit course number for all NON-fee courses that the registrant will be attending. (All non-fee courses begin with "3").
- ✓ Indicate whether the registrant will be attending the ODC General Session.
- ✓ Indicate all fee-based courses/workshops and events that the registrant will be attending.
- ✓ Total the registration fee plus all fee-based courses and events for each participant.
- ✓ Add up fees for all registrants and enter the total on the last line of section 4.

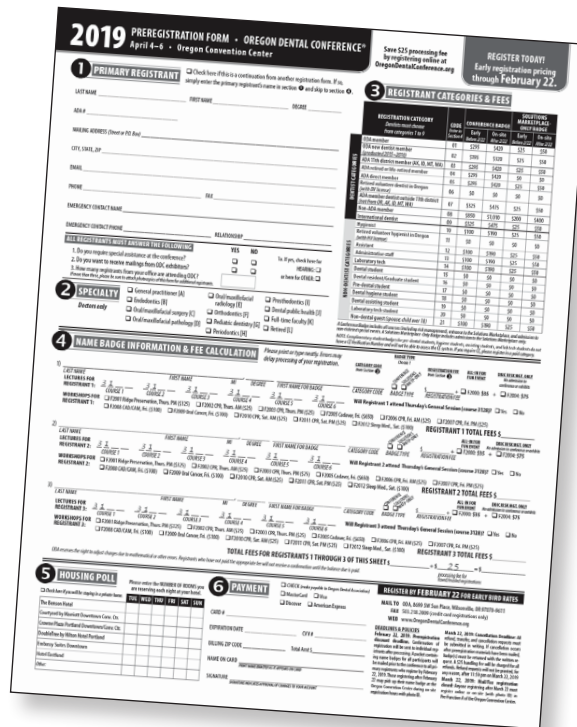
Please note: There is a \$25 processing fee per sheet, for all faxed/mailed registrations.

5 HOUSING POLL

The housing poll helps ODA maintain meeting dates at the Oregon Convention Center. Make your own hotel reservation, then enter the number of rooms you are reserving each night next to your hotel. If your hotel is not listed, enter the hotel name on the "other" line. This information will help us reserve discounted room blocks at popular hotels in the future and **is not intended as a reservation method.**

6 PAYMENT

Indicate method of payment and be certain that all information is accurate. Credit card registrations must be signed in order to authorize the transaction. Submit registration by fax or mail. To save \$25 processing fee, register online at www.OregonDentalConference.org. **Registrations will not be accepted by phone or email.** If registering by fax, please do not mail a copy of your registration.



Preregistration deadline is February 22, 2019.
Register by February 22, 2019, for early bird pricing.

SAVE \$25 PROCESSING FEE by registering online at www.OregonDentalConference.org. This allows you to finalize your schedule instantly and secure your place in limited-attendance sessions immediately.

MAILED AND FAXED REGISTRATION FORMS MUST BE RECEIVED BY MARCH 22. After March 22, you must register online at www.OregonDentalConference.org or on-site at the ODC.

CANCELLATION & TRANSFER POLICY: All refund, transfer, and cancellation requests must be submitted in writing. If cancellation or transfer occurs after preregistration materials have been mailed, badge(s) must be returned with the written request. A \$25 handling fee will be charged for all refunds. **Refund requests will not be granted, for any reason, after 11:59 pm on March 22, 2019.** Transfers will be accepted anytime without penalty.

NOTE: Children under 16 are not allowed in lectures, but are welcome in the Solutions Marketplace.

NOTICE OF PHOTOGRAPHY AND VIDEO: By registering for this conference you are agreeing to the photography and video policy of the ODA. Please see page 40 of the 2019 Preview Program for more information.

How to Register

WEB www.OregonDentalConference.org

MAIL FORM with payment to: Oregon Dental Assoc.
 8699 SW Sun Place
 Wilsonville, OR 97070

FAX FORM with credit card payment to: 503.218.2009
No registrations will be accepted by phone or email.

1 PRIMARY REGISTRANT

Check here if this is a continuation from another registration form. If so, simply enter the primary registrant's name in section 1 and skip to section 4.

LAST NAME _____ FIRST NAME _____ DEGREE _____

ADA # _____

MAILING ADDRESS (Street or P.O. Box) _____

CITY, STATE, ZIP _____

EMAIL _____

PHONE _____ FAX _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____ RELATIONSHIP _____

ALL REGISTRANTS MUST ANSWER THE FOLLOWING

- | | | | |
|---|---|--------------------------|--|
| | YES | NO | |
| 1. Do you require special assistance at the conference? | <input type="checkbox"/> | <input type="checkbox"/> | 1a. If yes, check here for HEARING: <input type="checkbox"/> |
| 2. Do you want to receive mailings from ODC exhibitors? | <input type="checkbox"/> | <input type="checkbox"/> | or here for OTHER: <input type="checkbox"/> |
| 3. How many registrants from your office are attending ODC?
<i>If more than three, please be sure to attach photocopies of this form for additional registrants.</i> | <input style="width: 50px;" type="text"/> | | |

2 SPECIALTY

Doctors only

- | | | |
|---|---|---|
| <input type="checkbox"/> General practitioner [A] | <input type="checkbox"/> Oral/maxillofacial radiology [E] | <input type="checkbox"/> Prosthodontics [I] |
| <input type="checkbox"/> Endodontics [B] | <input type="checkbox"/> Orthodontics [F] | <input type="checkbox"/> Dental public health [J] |
| <input type="checkbox"/> Oral/maxillofacial surgery [C] | <input type="checkbox"/> Pediatric dentistry [G] | <input type="checkbox"/> Full-time faculty [K] |
| <input type="checkbox"/> Oral/maxillofacial pathology [D] | <input type="checkbox"/> Periodontics [H] | <input type="checkbox"/> Retired [L] |

4 NAME BADGE INFORMATION & FEE CALCULATION

Please print or type neatly. Errors may delay processing of your registration.

<p>1) LAST NAME _____ FIRST NAME _____ MI _____ DEGREE _____ FIRST NAME FOR BADGE _____ CATEGORY CODE _____</p> <p>LECTURES FOR REGISTRANT 1: <u>3 1</u> COURSE 1 <u>3 1</u> COURSE 2 <u>3 1</u> COURSE 3 <u>3 1</u> COURSE 4 <u>3 1</u> COURSE 5 <u>3 1</u> COURSE 6</p> <p>WORKSHOPS FOR REGISTRANT 1: <input type="checkbox"/> F2001 Ridge Preservation, Thurs. PM (\$325) <input type="checkbox"/> F2002 CPR, Thurs. AM (\$25) <input type="checkbox"/> F2003 CPR, Thurs. PM (\$25) <input type="checkbox"/> F2005 Cadaver, Fri. (\$650) <input type="checkbox"/> F2006 CPR, Fri. AM (\$25) <input type="checkbox"/> F2007 CPR, Fri. PM (\$25) <input type="checkbox"/> F2008 CAD/CAM, Fri. (\$100) <input type="checkbox"/> F2009 Oral Cancer, Fri. (\$100) <input type="checkbox"/> F2010 CPR, Sat. AM (\$25) <input type="checkbox"/> F2011 CPR, Sat. PM (\$25) <input type="checkbox"/> F2012 Sleep Med., Sat. (\$100)</p>	<p>BADGE TYPE Choose 1 <input type="checkbox"/> CONFERENCE SOLUTIONS MKP-ONLY <input type="checkbox"/> SOLUTIONS MKP-ONLY</p> <p>CATEGORY CODE from Section 3</p> <p>REGISTRATION FEE from Section 3</p> <p>ALL-IN FOR FUN EVENT</p> <p>DBIC RISK MGT. ONLY <i>No admission to conference or exhibits</i></p> <p><input type="checkbox"/> F2000: \$35 + <input type="checkbox"/> F2004: \$75</p> <p>Will Registrant 1 attend Thursday's General Session (course 3128)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>REGISTRANT 1 TOTAL FEES \$</p>
<p>2) LAST NAME _____ FIRST NAME _____ MI _____ DEGREE _____ FIRST NAME FOR BADGE _____ CATEGORY CODE _____</p> <p>LECTURES FOR REGISTRANT 2: <u>3 1</u> COURSE 1 <u>3 1</u> COURSE 2 <u>3 1</u> COURSE 3 <u>3 1</u> COURSE 4 <u>3 1</u> COURSE 5 <u>3 1</u> COURSE 6</p> <p>WORKSHOPS FOR REGISTRANT 2: <input type="checkbox"/> F2001 Ridge Preservation, Thurs. PM (\$325) <input type="checkbox"/> F2002 CPR, Thurs. AM (\$25) <input type="checkbox"/> F2003 CPR, Thurs. PM (\$25) <input type="checkbox"/> F2005 Cadaver, Fri. (\$650) <input type="checkbox"/> F2006 CPR, Fri. AM (\$25) <input type="checkbox"/> F2007 CPR, Fri. PM (\$25) <input type="checkbox"/> F2008 CAD/CAM, Fri. (\$100) <input type="checkbox"/> F2009 Oral Cancer, Fri. (\$100) <input type="checkbox"/> F2010 CPR, Sat. AM (\$25) <input type="checkbox"/> F2011 CPR, Sat. PM (\$25) <input type="checkbox"/> F2012 Sleep Med., Sat. (\$100)</p>	<p>BADGE TYPE Choose 1 <input type="checkbox"/> CONFERENCE SOLUTIONS MKP-ONLY <input type="checkbox"/> SOLUTIONS MKP-ONLY</p> <p>CATEGORY CODE from Section 3</p> <p>REGISTRATION FEE from Section 3</p> <p>ALL-IN FOR FUN EVENT</p> <p>DBIC RISK MGT. ONLY <i>No admission to conference or exhibits</i></p> <p><input type="checkbox"/> F2000: \$35 + <input type="checkbox"/> F2004: \$75</p> <p>Will Registrant 2 attend Thursday's General Session (course 3128)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>REGISTRANT 2 TOTAL FEES \$</p>
<p>3) LAST NAME _____ FIRST NAME _____ MI _____ DEGREE _____ FIRST NAME FOR BADGE _____ CATEGORY CODE _____</p> <p>LECTURES FOR REGISTRANT 3: <u>3 1</u> COURSE 1 <u>3 1</u> COURSE 2 <u>3 1</u> COURSE 3 <u>3 1</u> COURSE 4 <u>3 1</u> COURSE 5 <u>3 1</u> COURSE 6</p> <p>WORKSHOPS FOR REGISTRANT 3: <input type="checkbox"/> F2001 Ridge Preservation, Thurs. PM (\$325) <input type="checkbox"/> F2002 CPR, Thurs. AM (\$25) <input type="checkbox"/> F2003 CPR, Thurs. PM (\$25) <input type="checkbox"/> F2005 Cadaver, Fri. (\$650) <input type="checkbox"/> F2006 CPR, Fri. AM (\$25) <input type="checkbox"/> F2007 CPR, Fri. PM (\$25) <input type="checkbox"/> F2008 CAD/CAM, Fri. (\$100) <input type="checkbox"/> F2009 Oral Cancer, Fri. (\$100) <input type="checkbox"/> F2010 CPR, Sat. AM (\$25) <input type="checkbox"/> F2011 CPR, Sat. PM (\$25) <input type="checkbox"/> F2012 Sleep Med., Sat. (\$100)</p>	<p>BADGE TYPE Choose 1 <input type="checkbox"/> CONFERENCE SOLUTIONS MKP-ONLY <input type="checkbox"/> SOLUTIONS MKP-ONLY</p> <p>CATEGORY CODE from Section 3</p> <p>REGISTRATION FEE from Section 3</p> <p>ALL-IN FOR FUN EVENT</p> <p>DBIC RISK MGT. ONLY <i>No admission to conference or exhibits</i></p> <p><input type="checkbox"/> F2000: \$35 + <input type="checkbox"/> F2004: \$75</p> <p>Will Registrant 3 attend Thursday's General Session (course 3128)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>REGISTRANT 3 TOTAL FEES \$</p>

TOTAL FEES FOR REGISTRANTS 1 THROUGH 3 OF THIS SHEET \$ _____ + \$ 25 = \$ _____
processing fee for faxed/mailed registrations

ODA reserves the right to adjust charges due to mathematical or other errors. Registrants who have not paid the appropriate fee will not receive a confirmation until the balance due is paid.

5 HOUSING POLL

Please enter the NUMBER OF ROOMS you are reserving each night at your hotel.

	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> Check here if you will be staying in a private home.						
The Benson Hotel						
Courtyard by Marriott Downtown Conv. Ctr.						
Crowne Plaza Portland Downtown/Conv. Ctr.						
DoubleTree by Hilton Hotel Portland						
Embassy Suites Downtown						
Hotel Eastlund						
Other:						

6 PAYMENT

- CHECK (make payable to Oregon Dental Association)
 MasterCard Visa
 Discover American Express

CARD # _____

EXPIRATION DATE _____ CV# _____

BILLING ZIP CODE _____ Total Amt \$ _____

NAME ON CARD _____

PRINT NAME EXACTLY AS IT APPEARS ON CARD

SIGNATURE _____

SIGNATURE INDICATES APPROVAL OF CHARGES TO YOUR ACCOUNT

3 REGISTRANT CATEGORIES & FEES

	REGISTRATION CATEGORY <i>Dentists must choose from categories 1 to 9</i>	CODE <i>Enter in Section 4</i>	CONFERENCE BADGE		SOLUTIONS MARKETPLACE-ONLY BADGE	
			Early Before 2/22	On-site After 2/22	Early Before 2/22	On-site After 2/22
DENTIST CATEGORIES	ODA member	01	\$295	\$420	\$25	\$50
	ODA new dentist member (graduated 2015-2018)	02	\$195	\$320	\$25	\$50
	ADA 11th district member (AK, ID, MT, WA)	03	\$295	\$420	\$25	\$50
	ADA retired or life-retired member	04	\$295	\$420	\$0	\$0
	ADA direct member	05	\$295	\$420	\$25	\$50
	Retired volunteer dentist in Oregon (with DV license)	06	\$0	\$0	\$0	\$0
	ADA member dentist outside 11th district (not from OR, AK, ID, MT, WA)	07	\$325	\$475	\$25	\$50
	Non-ADA member	08	\$850	\$1,010	\$200	\$400
	International dentist	09	\$325	\$475	\$25	\$50
NON-DENTIST CATEGORIES	Hygienist	10	\$100	\$190	\$25	\$50
	Retired volunteer hygienist in Oregon (with HV license)	11	\$0	\$0	\$0	\$0
	Assistant	12	\$100	\$190	\$25	\$50
	Administrative staff	13	\$100	\$190	\$25	\$50
	Laboratory tech	14	\$100	\$190	\$25	\$50
	Dental student	15	\$0	\$0	\$0	\$0
	Dental resident/Graduate student	16	\$0	\$0	\$0	\$0
	Pre-dental student	17	\$0	\$0	\$0	\$0
	Dental hygiene student	18	\$0	\$0	\$0	\$0
	Dental assisting student	19	\$0	\$0	\$0	\$0
	Laboratory tech student	20	\$0	\$0	\$0	\$0
	Non-dental guest (spouse; child over 18)	21	\$100	\$190	\$25	\$50

A Conference Badge includes all courses (including risk management), entrance to the Solutions Marketplace, and admission to non-ticketed special events. A Solutions Marketplace-Only Badge includes admission to the Solutions Marketplace only.
NOTE: Complimentary student badges for pre-dental students, hygiene students, assisting students, and lab tech students do not have a CE Verification Number and will not be able to access the CE system. If you require CE, please register in a paid category.

REGISTER BY FEBRUARY 22 FOR EARLY BIRD RATES

MAIL TO ODA, 8699 SW Sun Place, Wilsonville, OR 97070-9611
 FAX 503.218.2009 (credit card registrations only)
 WEB www.OregonDentalConference.org

DEADLINES & POLICIES

February 22, 2019: Preregistration discount deadline. Confirmation of registration will be sent to individual registrants after processing. A packet containing name badges for all participants will be mailed prior to the conference to all primary registrants who register by February 22, 2019. Those registering after February 22 may pick up their name badge at the Oregon Convention Center during on-site registration hours with photo ID.

March 22, 2019: Cancellation Deadline: All refund, transfer, and cancellation requests must be submitted in writing. If cancellation occurs after preregistration materials have been mailed, badge(s) must be returned with the written request. A \$25 handling fee will be charged for all refunds. Refund requests will not be granted, for any reason, after 11:59 pm on March 22, 2019.
March 22, 2019: Mail/Fax registration closed: Anyone registering after March 22 must register online or on-site (with photo ID) in Pre-Function A of the Oregon Convention Center.