

# 2019 TDA MEETING REGISTRATION FORM BY MAIL

Attendee Name: \_\_\_\_\_ ADA Member #: \_\_\_\_\_ or (if student) ASDA Member # \_\_\_\_\_  
 Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 New Dentist Graduation Year (2009-2018): \_\_\_\_\_ May we share your email with 2019 TDA Meeting Exhibitors? \_\_\_\_ YES \_\_\_\_ NO

**Registration Fee Categories - Dentists may only register as Dentists. All Dentists must register individually, not under another category:**

Early Bird/ Standard Registration			Early Bird/ Standard Registration		
A	TDA Member Dentist	Free/\$35	L	Hygienist (of member dentist)	\$0/\$35
B	Retired TDA Member Dentist	Free/\$35	M	Dental Assistant (of member dentist)	\$0/\$35
C	ADA Member Outside of Texas	\$100/\$135	N	Lab Tech (of member dentist)	\$0/\$35
E	Texas Non-TDA Member Dentist**see below	\$700/\$735	O	Business Assistant (of member dentist)	\$0/\$35
F	Non-ADA Member Outside TX (Including International)	\$500/\$535	P	Pre-Dental Student	Free/Free
G	Active Duty Military Dentist or Federal Dentist	Free/\$35	1	Hygienist (not employed by TDA Member)	\$50/\$85
H	Non-Dentist Family Member of TDA Member Dentist	Free/\$35	2	Dental Assistant (not employed by TDA Member)	\$50/\$85
I	Post Graduate Student (Non-TDA Member)	\$15/\$50	3	Lab Tech (not employed by TDA Member)	\$50/\$85
J	Dental Student (ASDA Member)	Free/Free	4	Business Assistant (not employed by TDA Member)	\$50/\$85
K	Dental Student (Non-ASDA Member)	\$15/\$50	5	Faculty (Non-TDA Member)	\$75/\$110

**Questions?**  
 CALL:  
 678-341-3039  
 EMAIL:  
 tda@prereg.net

Name for Badge (PRINT CLEARLY)		Registration Category Letter/Fee		Ticketed Courses & Social Events Include course or event # and fee										TOTAL
Last	First	Reg Cat.	Fee	Course	Fee	Course	Fee	Course	Fee	Course	Fee	Course	Fee	Total
				#	\$	#	\$	#	\$	#	\$	#	\$	\$
				#	\$	#	\$	#	\$	#	\$	#	\$	\$
				#	\$	#	\$	#	\$	#	\$	#	\$	\$
				#	\$	#	\$	#	\$	#	\$	#	\$	\$
				#	\$	#	\$	#	\$	#	\$	#	\$	\$
				#	\$	#	\$	#	\$	#	\$	#	\$	\$
<b>TOTAL (Includes all registration &amp; course fees)</b>														<b>\$</b>
<b>**Registration fees can be applied toward active membership, if you join within 30 days after meeting. Contact <a href="mailto:rachael@tda.org">rachael@tda.org</a> for further details.</b>														
<b>Please complete all sections of the form.</b>														<b>GRAND TOTAL TO BE CHARGED/PAID</b>
														<b>\$</b>

Checks: **All checks should be made payable to the Texas Dental Association.** Check calculations for the correct total.

<b>Method of Payment:</b>	
CC# _____ (MasterCard/Visa/Amex/Discover)	Exp Date _____
Ck# _____	
CASH _____	Name on Credit Card _____

**Please DO NOT fax or mail this form to TDA!**  
 FAX: 678-341-3099 EMAIL: tda@prereg.net  
 MAIL: Registration c/o QMS Services, 6840 Meadowridge Court,  
 Alpharetta, GA, 30005.

Signature: \_\_\_\_\_