

Registration Form (sample)

2010 STAR OF THE NORTH MEETING

Please photocopy as needed. Registration form is also available on the Star of the North website: www.starofthenorthmeeting.org.
Your 2010 MDA dues must be paid before you can attend the meeting at the member rate.

Dentist registration fees and codes...

CODE	CATEGORY	FEE
E	MDA Member	No Charge
I	MDA Affiliate Member	No Charge
A	ADA Member (out of state or Direct)	\$125
B	ADA Life Member	\$25
H	ADA/MDA Non-member	\$795*
G	Foreign Dental Association Member	\$125
N	MDA Post Graduate Member	No Charge
O	Post Graduate Non-Member	\$10*
P	MDA Student Dentist Member	No Charge
Q	Student Dentist Non-Member	\$10*

staff registration fees and codes...

CODE	CATEGORY	FEE
C	Dental Assistant	\$25
D	Dental Administrative Personnel	\$25
J	Dental Hygienist	\$25
K	Dental Technician	\$25
M	Nurse	\$25
W	Dental Educator (non-dentist)	\$25
R	Student (assistant, hygienist or technician)	No Charge
F	Spouse of Dentist (non-dentist)	\$25
L	Guest of Dentist*	\$25
1	Child (children under age 18)	No Charge

*Non-member registration fees may be applied toward MDA dues any time during 2010.

STEP 2 name for badge SAMPLE REGISTRANT Last: <u>Doe</u> First: <u>John</u> REGISTER ME FOR KEYNOTE: #FT027 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STEP 3 registration category/fee Code: <u>E</u> \$ <u>0</u> ADA #: _____ (Dentists/Student Dentists) <u>999-99-999</u> MN License/ Registration #: <u>D123456</u>	STEP 4 Registered courses (Include Code & Fee) THURSDAY... Course # Fee AM# <u>P903</u> \$ <u>115</u> PM# <u>P910</u> \$ <u>55</u> Special Events: # <u>P925</u> \$ <u>56.50</u> # _____ \$ _____	FRIDAY... Course # Fee AM# <u>F924</u> \$ <u>0</u> PM# <u>F942</u> \$ <u>0</u> Special Events: # _____ \$ _____ # _____ \$ _____	SATURDAY... Course # Fee AM# <u>P956</u> \$ <u>105</u> PM# <u>P966</u> \$ <u>105</u> Special Events: # <u>P975</u> \$ <u>65</u> # _____ \$ _____	STEP 5 total Registration Fees & Course Fees \$ <u>220</u> \$ <u>160</u> Special Events: \$ <u>12150</u> \$ _____
--	--	--	---	---	--

Deadline for pre-registration is March 25, 2010. Registrations received after the deadline will not be processed regardless of postmark.
Early Bird registrations must be received on or before February 22, 2010. If you choose to register onsite, a \$20 onsite registration fee will be assessed.
For questions regarding your registration, call GMS toll-free at 1-866-301-0750.

2010 STAR OF THE NORTH MEETING

STEP 1

Dental Practice and Dentist Name (for mailing purposes): Daytime Telephone Number: <input type="checkbox"/> Assistance for disabled participant is needed. A MDA representative will contact you regarding your needs.	
Mailing Address (badges & tickets for all registrants will be sent to this address): Office Email:	
City:	State: Zip:
Speciality: <input type="checkbox"/> 1) Periodontics <input type="checkbox"/> 2) Prosthodontics <input type="checkbox"/> 3) Endodontics <input type="checkbox"/> 4) Pedodontics <input type="checkbox"/> 5) Orthodontics <input type="checkbox"/> 6) Oral Surgery <input type="checkbox"/> 7) Other	

If registering multiple attendees, photocopy as needed. Please type or print legibly. **You must indicate your Registration Category (Step 3) or your registration will not be processed.** Please indicate your plans to attend our Keynote Program, Adventures in Deep Sea Exploration by Dr. Robert Ballard on Friday morning, 8 to 9 a.m.

STEP 2 Name for badge	STEP 3 Registration category/fee	STEP 4 Registered courses (Include Code & Fee)	STEP 5 total Registration Fees & Course Fees
Registrant 1 Last: _____ First: _____ REGISTER ME FOR KEYNOTE: #F1027 FREE <input type="checkbox"/> Yes <input type="checkbox"/> No	Code: _____ \$ _____ ADA #: _____ (Dentists/Student Dentists) MN License/ Registration #: _____	FRIDAY... Course # Fee AM# _____ \$ _____ PM# _____ \$ _____ Special Events: # _____ \$ _____ # _____ \$ _____	SATURDAY... Course # Fee AM# _____ \$ _____ PM# _____ \$ _____ Special Events: # _____ \$ _____ # _____ \$ _____
Registrant 2 Last: _____ First: _____ REGISTER ME FOR KEYNOTE: #F1027 FREE <input type="checkbox"/> Yes <input type="checkbox"/> No	Code: _____ \$ _____ ADA #: _____ (Dentists/Student Dentists) MN License/ Registration #: _____	FRIDAY... Course # Fee AM# _____ \$ _____ PM# _____ \$ _____ Special Events: # _____ \$ _____ # _____ \$ _____	SATURDAY... Course # Fee AM# _____ \$ _____ PM# _____ \$ _____ Special Events: # _____ \$ _____ # _____ \$ _____

2010 STAR OF THE NORTH MEETING

STEP 2 name for badge	STEP 3 registration category/fee	STEP 4 registered courses <i>(Include Code & Fee)</i> THURSDAY... Course # Fee	FRIDAY... Course # Fee	SATURDAY... Course # Fee	STEP 5 total Registration Fees & Course Fees
Registrant 3 Last: _____ First: _____ REGISTER ME FOR KEYNOTE: #F1027 FREE <input type="checkbox"/> Yes <input type="checkbox"/> No	Code: _____ \$ _____ ADA #: _____ <i>(Dentists/Student Dentists)</i> MN License/ Registration #: _____	AM# _____ \$ _____ PM# _____ \$ _____ Special Events: # _____ \$ _____ # _____ \$ _____	AM# _____ \$ _____ PM# _____ \$ _____ Special Events: # _____ \$ _____ # _____ \$ _____	AM# _____ \$ _____ PM# _____ \$ _____ Special Events: # _____ \$ _____ # _____ \$ _____	\$ _____ \$ _____ Special Events: \$ _____ \$ _____
Registrant 4 Last: _____ First: _____ REGISTER ME FOR KEYNOTE: #F1027 FREE <input type="checkbox"/> Yes <input type="checkbox"/> No	Code: _____ \$ _____ ADA #: _____ <i>(Dentists/Student Dentists)</i> MN License/ Registration #: _____	AM# _____ \$ _____ PM# _____ \$ _____ Special Events: # _____ \$ _____ # _____ \$ _____	AM# _____ \$ _____ PM# _____ \$ _____ Special Events: # _____ \$ _____ # _____ \$ _____	AM# _____ \$ _____ PM# _____ \$ _____ Special Events: # _____ \$ _____ # _____ \$ _____	\$ _____ \$ _____ Special Events: \$ _____ \$ _____
STEP 6 GRAND total Includes all registration & Course Fees \$ _____					

Payment method...

Check enclosed (Payable to Minnesota Dental Association)

Please bill my credit card: Mastercard Visa Discover American Express

Credit Card Number: _____ Expiration Date: _____

Name as it appears on card: _____ Signature: _____

Please return to...

Star of the North Meeting Registration
 c/o QMS Services

6840 Meadowridge Court • Alpharetta, GA 30005

Early Bird Deadline... Midnight, February 22, 2010
 Pre-Registration deadline...Midnight, March 25, 2010
 Cancellation Deadline... Midnight, April 5, 2010

If registration form is processed electronically, DO NOT MAIL - May result in duplicate registration.