

# Navigate **NORTH**

**RESCHEDULED**  
**JULY 30–AUG. 1, 2020**

Star of the North Meeting  
**ST. PAUL RIVERCENTRE**

Download a copy of the full registration form at [star.mndental.org](http://star.mndental.org).  
 Your 2020 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
A	ADA Member (out of state)	\$150
B	ADA Life Member	\$25
AW	WDA Member	\$75
G	Foreign Dental Association Member	\$150
H	ADA/MDA Non-member	\$845*
I	MDA Affiliate Member	No Charge
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*
Z	Non-Member Onetime Discount	\$125**
X	Exhibit Hall Only Pass	\$75

**Staff Registration Fees and Codes**

CODE	CATEGORY	FEE
C	Dental Assistant	\$35
D	Dental Administrative Personnel	\$35
F	Spouse of Dentist (non-dentist)	\$15
J	Dental Hygienist	\$35
K	Lab Tech/Lab Owner	\$35
L	Guest/Family of Dentist	\$15
M	Nurse	\$35
R	Student (assistant, hygiene, therapist or technician)	No Charge
T	Dental Therapist	\$35
W	Dental Educator (non-dentist)	\$35
1	Child (children under age 18)	No Charge

\* Non-member registration fees may be applied toward MDA dues any time during 2020  
 \*\*Dentists who were ADA/MDA members in 2019 are not eligible for this discount

STEP 2 Name for Badge	STEP 3 Registration Code/Fee	STEP 4 Registered Courses Include Code & Fee			STEP 5 TOTAL Registration Fees & Course Fees
<b>REGISTRANT</b> Last: <u>Fickes</u> First: <u>Clyde</u>	Code: <u>E</u> \$ <u>0</u> ADA #: _____ (Dentists/Students) 999-99-999 MN License/ Registration #: <u>D123456</u>	<b>THURSDAY</b> Course #    Fee AM# <u>T01</u> \$ <u>55</u> PM# <u>T22</u> \$ <u>35</u> Special Events # <u>T35</u> \$ <u>95</u> # _____ \$ _____	<b>FRIDAY</b> Course #    Fee AM# <u>F14</u> \$ <u>55</u> PM# <u>F25</u> \$ <u>15</u> Special Events # <u>F36</u> \$ _____ # _____ \$ _____	<b>SATURDAY</b> Course #    Fee AM# <u>S11</u> \$ <u>45</u> PM# <u>S20</u> \$ <u>24</u> Special Events # _____ \$ _____ # _____ \$ _____	\$ <u>145</u> \$ <u>75</u> \$ <u>95</u> \$ _____

**Deadline for pre-registration is June 30, 2020.**  
 After June 30, a \$20 onsite registration fee will be assessed to all non-members.  
 Early Bird registrations must be received on or before February 14, 2020.  
 For questions regarding your registration, call Eleventh & Gather toll-free at 1-866-301-0750.

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**RESCHEDULED** Star of the North Meeting  
**JULY 30–AUG. 1, 2020** ST. PAUL RIVERCENTRE

**STEP 1**

Dental Practice and Dentist Name: \_\_\_\_\_  
(for mailing purposes)

Daytime Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(badges for all registrants will be sent to this address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Check here if assistance for disabled participant is needed. MDA representative will contact you regarding your needs.

Office Email: \_\_\_\_\_

Specialty:  1. Periodontics  2. Prosthodontics  3. Endodontics  4. Pediatrics  5. Orthodontics  6. Oral Surgery  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.**

STEP 2 Name for Badge	STEP 3 Registration Code/ Fee	STEP 4 Registered Courses Include Code & Fee			STEP 5 TOTAL Registration Fees & Course Fees
<b>REGISTRANT 1</b>  Last: _____  First: _____	Code: _____ \$ _____  ADA #: _____ <small>(Dentists/Students)</small>  MN License/ Registration #: _____	<b>THURSDAY</b> Course #      Fee AM# _____ \$ _____ PM# _____ \$ _____  Special Events # _____ \$ _____ # _____ \$ _____	<b>FRIDAY</b> Course #      Fee AM# _____ \$ _____ PM# _____ \$ _____  Special Events # _____ \$ _____ # _____ \$ _____	<b>SATURDAY</b> Course #      Fee AM# _____ \$ _____ PM# _____ \$ _____  Special Events # _____ \$ _____ # _____ \$ _____	\$ _____ \$ _____  Special Events \$ _____ \$ _____
<b>REGISTRANT 2</b>  Last: _____  First: _____	Code: _____ \$ _____  ADA #: _____ <small>(Dentists/Students)</small>  MN License/ Registration #: _____	<b>THURSDAY</b> Course #      Fee AM# _____ \$ _____ PM# _____ \$ _____  Special Events # _____ \$ _____ # _____ \$ _____	<b>FRIDAY</b> Course #      Fee AM# _____ \$ _____ PM# _____ \$ _____  Special Events # _____ \$ _____ # _____ \$ _____	<b>SATURDAY</b> Course #      Fee AM# _____ \$ _____ PM# _____ \$ _____  Special Events # _____ \$ _____ # _____ \$ _____	\$ _____ \$ _____  Special Events \$ _____ \$ _____

<b>STEP 2</b> <i>Name for Badge</i>	<b>STEP 3</b> <i>Registration Code/ Fee</i>	<b>STEP 4</b> <i>Registered Courses</i> <i>Include Code &amp; Fee</i>			<b>STEP 5</b> <b>TOTAL</b> <i>Registration Fees &amp; Course Fees</i>
<b>REGISTRANT 3</b>  Last: _____  First: _____	Code: _____ \$ _____ ADA #: <i>(Dentists/Students)</i> _____ MN License/ Registration #: _____	<b>THURSDAY</b> Course #    Fee AM# _____ \$ _____ PM# _____ \$ _____  Special Events # _____ \$ _____ # _____ \$ _____	<b>FRIDAY</b> Course #    Fee AM# _____ \$ _____ PM# _____ \$ _____  Special Events # _____ \$ _____ # _____ \$ _____	<b>SATURDAY</b> Course #    Fee AM# _____ \$ _____ PM# _____ \$ _____  Special Events # _____ \$ _____ # _____ \$ _____	\$ _____ \$ _____  Special Events \$ _____ \$ _____
<b>STEP 2</b> <i>Name for Badge</i>	<b>STEP 3</b> <i>Registration Code/ Fee</i>	<b>STEP 4</b> <i>Registered Courses</i> <i>Include Code &amp; Fee</i>			<b>STEP 5</b> <b>TOTAL</b> <i>Registration Fees &amp; Course Fees</i>
<b>REGISTRANT 4</b>  Last: _____  First: _____	Code: _____ \$ _____ ADA #: <i>(Dentists/Students)</i> _____ MN License/ Registration #: _____	<b>THURSDAY</b> Course #    Fee AM# _____ \$ _____ PM# _____ \$ _____  Special Events # _____ \$ _____ # _____ \$ _____	<b>FRIDAY</b> Course #    Fee AM# _____ \$ _____ PM# _____ \$ _____  Special Events # _____ \$ _____ # _____ \$ _____	<b>SATURDAY</b> Course #    Fee AM# _____ \$ _____ PM# _____ \$ _____  Special Events # _____ \$ _____ # _____ \$ _____	\$ _____ \$ _____  Special Events \$ _____ \$ _____
<b>STEP 6</b> <b>GRAND TOTAL</b> <i>Includes all registration and course fees</i>					\$ _____

**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 Eleventh & Gather (formerly QMS)  
6840 Meadowridge Court, Alpharetta, GA 30005

**Early Bird deadline...** *midnight, February 14, 2020*

**Pre-Registration deadline...** *must be received no later than midnight, June 30, 2020*

**Cancellation deadline...** *midnight, July 3, 2020*

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