COULDATE NORTH APRIL 23-25, 2020 ST. PAUL RIVERCENTRE Star of the North Meeting

Download a copy of the full registration form at **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
Е	MDA Member	No Charge
Α	ADA Member (out of state)	\$150
В	ADA Life Member	\$25
AW	WDA Member	\$75
G	Foreign Dental Association Member	\$150
Н	ADA/MDA Non-member	\$845*
1	MDA Affiliate Member	No Charge
Ν	MDA Post Graduate Member	No Charge
0	Post Graduate Non-Member	\$10*
Р	MDA Student Dentist Member	No Charge
Q	Student Dentist Non-Member	\$10*
Z	Non-Member Onetime Discount	\$125**
Χ	Exhibit Hall Only Pass	\$75

Staff Registration Fees and Codes

CODE	CATEGORY	FEE
С	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
М	Nurse	\$35
R	Student (assistant, hygiene, therapist or technician)	No Charge
Т	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
REGISTRANT	Code: E	THURSDAY FRIDAY		SATURDAY	
Last: Fickes First: Clyde	\$ <u>0</u> ADA #: (Dentists/Students) 999-99-999	Course # Fee AM# TOI \$ 55 PM# T22 \$ 35	Course # Fee AM# F14 \$ 55 PM# F25 \$ 15	Course # Fee AM# SII \$ 45 PM# S20 \$ 24	\$ <u>145</u> \$ <u>75</u>
	MN License/ Registration #: DI23456	# <u>T35</u> \$ <u>95</u> # \$	\$pecial Events # <u>F36</u> \$ # \$	# \$ # \$	\$pecial Events \$95 \$

Deadline for pre-registration is March 31, 2020.

After March 31, 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.

COULDATE NORTH APRIL 23-25, 2020 ST. PAUL RIVERCENTRE Star of the North Meeting

STEP 1			
Dental Practice and Dentist Name:	(for mailing purposes)		
Daytime Telephone Number:			
Mailing Address: (badges for all registrants w	vill be sent to this address)		
City	State	Zip	Check here if assistance for disabled participant is needed.
Office Email:			MDA representative will contact you regarding your needs.
Specialty: 1. Periodontics 2. Prost	hodontics 3. Endodontics 4. Pedi	iatrics 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
REGISTRANT 1 Last:	Code: \$ ADA #: (Dentists/Students) MN License/	THURSDAY Course # Fee AM# \$ PM# \$ Special Events	FRIDAY Course # Fee AM# \$ PM# \$ Special Events	SATURDAY Course # Fee AM# \$ PM# \$ Special Events	\$ \$ Special Events
	Registration #:	# \$ # \$	#\$ #\$	# \$ # \$	\$ \$
STEP 2 Name for Badge	STEP 3 Registration Code/ Fee	STEP 4 Registered Courses Include Code & Fee			STEP 5 TOTAL Registration Fees & Course Fees
	Registration Code/	Registered Courses	FRIDAY	SATURDAY	TOTAL Registration Fees &
Name for Badge	Registration Code/ Fee	Registered Courses Include Code & Fee	FRIDAY Course # Fee AM# \$ PM# \$	SATURDAY Course # Fee AM# \$ PM# \$	TOTAL Registration Fees &

STEP 2 Name for Badge	STEP 3 Registration Code/ Fee	STEP 4 Registered Courses Include Code & Fee					STEP 5 TOTAL Registration Fees & Course Fees
REGISTRANT 3	Code:	THURSDAY	FRIDAY		SATURDA	Υ	
	\$	Course # Fee	Course #	Fee	Course #	Fee	
Last:	ADA #:	AM# \$	AM#		AM#		\$
First:	(Dentists/Students)	PM# \$	PM#	\$	PM#	\$	\$
	MN License/	Special Events	Special Even	ts	Special Ever	nts	Special Events
	Registration #:	# \$	#	\$	#	\$	\$
		# \$	#	\$	#	\$	\$
STEP 2	STEP 3	STEP 4					STEP 5
Name for Badge	Registration Code/	Registered Courses					TOTAL
	Fee	Include Code & Fee					Registration Fees & Course Fees
REGISTRANT 4	Code:	THURSDAY	FRIDAY SAT		SATURDA	Υ	
	\$	Course # Fee	Course #	Fee	Course #	Fee	
Last:	ADA #:	AM# \$	AM#	\$	AM#	\$	\$
First:	(Dentists/Students)	PM# \$	PM#	\$	PM#	\$	\$
1 11 5	MN License/	Special Events	Special Events Special Events		nts	Special Events	
	Registration #:	#\$	#	\$	#	\$	\$
		#\$	#	\$	#	\$	\$
						STEP 6	
					GI	RAND TOTAL	\$
						all registration ad course fees	
							,
DAYMENT METU	3 D						
PAYMENT METHO							
∐ Check enclosed (Pay	able to Minnesota Dental	Association)					

PLEASE RETURN TO:

_____ Signature: __

____ Expiration Date: _____

Please bill my credit card: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Credit Card Number: ___

Name as it appears on card:

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, March 31, 2020

Cancellation deadline... midnight, April 3, 2020

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