

# Detroit Dental Review 2019 Registration Form

Registration Types	Prices Register by 11/4/2019	Prices Register after 11/4/2019	Number you are registering	Price total for category
DDDS Member Dentists	\$ 125.00	\$175.00		
Hygienists, Assistants, Staff, Guests	\$ 75.00	\$125.00		
Hygienist who are members of the Greater Detroit Hygienist Association	\$ 65.00	\$65.00		
MDA Member Dentists	\$125.00	\$175.00		
ADA Member Dentist (not Detroit District Member)	\$195.00	\$245.00		
Nonmember Dentists	\$380.00	\$430.00		
Residents, Students	\$ 25.00	\$75.00		
Exhibits only - No meals (DDDS and MDA members and staff)	Free	Free		
Exhibit Floor only for Nonmember dentist	\$225.00	\$275.00		
Subtotal				
Discounts for non-member attending or young professional attending				
Final Total				

The above pricing reflects the substantial discounts that Detroit District Dental Society Members receive for an outstanding day of dental education. This is open to all dental professionals in Michigan and we have the following specials:

- **Special Buy One, Get One for Non-MDA Member Dentists**  
Register one person as a non-member Dentist and bring a second non-member at no additional charge.
- **Special DDDS Member bring a Friend Non-MDA Member Dentist**  
Register yourself as a member Dentist and bring a non-member dentist friend at half price (of the nonmember rate).
- **Special Greater Detroit Hygienist Association**  
GDHA members receive a discounted price of \$65.00 for a full day program and lunch.

## Primary Registrant

Full Name: \_\_\_\_\_ ***Circle position:***

**Last** **First** **M.I.**

Dentist  
Dental Assistant  
Hygienist  
Office Staff  
Other  
Student

Address: **Street Address** **Apartment/Unit #**

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**City** **State** **ZIP Code**

Phone: \_\_\_\_\_ *Email* \_\_\_\_\_  
**Dietary Restrictions** (vegetarian, gluten free, etc.): \_\_\_\_\_

### Additional Names

Full Name	Position	Email	Dietary Restrictions

**Payment** Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Name as it appears on the credit card \_\_\_\_\_

Mail registration form (with payment; make checks payable to “Detroit District Dental Society”) to:

DDDS, 6 Parklane Blvd., Suite 434, Dearborn, MI 48126

Questions? Call 313-337-4900 Fax 313-337-4579