

Registration Instructions

Complete the form on the next page using the example as a guide. Please use the Course #'s, Fees, and Profession Codes listed below when completing the registration form. Lunch is included in the fee for all full day seminars.

Course #'s and Fees

Course #	Date	Title	Speaker	DDS	Staff	Non/Mem
1	9/15	Fortress Risk Management*	Gary	\$ 115	\$ 95	\$ 230
2	9/15	Infection Control & OSHA Training	Thines	\$ 115	\$ 95	\$ 230
3	9/15	NYSDA Risk Management	Seidberg/Lantier	\$ 115	\$ 95	\$ 230
4	9/16	Hot Topics in Aesthetic & Restorative Dentistry	Hornbrook	\$ 230	\$ 155	\$ 460
5	9/16	Smokin' Radiology	Carter	\$ 230	\$ 155	\$ 460
6	9/16	Top 10 Skills for Success in Dental Communication	Wright	\$ 155	\$ 155	\$ 310

*Free to Fortress Insureds

Retired life members pay 1/2 the member rate on all courses.

Profession Codes

Profession	Code
ADA Member Dentist	A
Non-ADA Member Dentist	B
Student Dentist	C
Dental Hygienist	DH
Dental Assistant	DA
Administrative Staff	S
Guest	G
Others	O



Registration Information

You may fax or mail the attached registration form. Forms must be received at the Fifth District Dental Society office **no later than August 30, 2010**. Persons pre-registered will receive a confirmation package within two weeks. The confirmation package will contain a confirmation letter, name badges, and lunch tickets. Please check to make sure that all information is correct, and that all items are present.

New! Register Online:

www.cnydc.org

or

Fax Your Registration:

315-437-6013

or

Mail Your Registration:

Fifth District Dental Society
6323 Fly Road, Suite 3
E. Syracuse, NY 13057

The Fifth District office cannot be responsible for non-receipt of faxed or mailed forms. If you have not received confirmation within two weeks time, please call the office at 315-434-9161.

Persons registering after August 30th, must pick up their materials on-site. You may register the day of the seminar, however, **all on-site registrations are subject to an additional \$20 late registration fee.**

Next Year's Conference Dates

September 14 & 15, 2011

visit us at www.cnydc.org

Central New York Dental Conference 2010

(Deadline for pre-registration is August 30, 2010. All registrations postmarked after this date will be subject to an additional charge of \$20.00).

Or you can register online at www.cnydc.org and go to Register Now!

Dental Practice and Dentist Name	Tel Number:	Fax Number:
Email Address:		

Mailing Address (Confirmations of all registrants listed below will be sent to this address or faxed to above number)			
Street	City	State	Zip

Please refer to information on previous page for course #'s, fees and registration codes. If registering more than eight persons, please copy form.

EXAMPLE	Full Name: Jane Doe	<input checked="" type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	ADA #(Dentists/Students) / SS# (Others) 123-45-6789
	Course Code #: # 01	Profession Code: A	Total Ticketed Fees:
TICKETED PROGRAMS:	Course Fee: \$ 115	# 04 \$ 230	\$ 345

REGISTRANT 1	Full Name:	<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	ADA #(Dentists/Students) / SS# (Others)
	Course Code #: #	Profession Code:	Total Ticketed Fees:
TICKETED PROGRAMS:	Course Fee: \$	# \$	\$

REGISTRANT 2	Full Name:	<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	ADA #(Dentists/Students) / SS# (Others)
	Course Code #: #	Profession Code:	Total Ticketed Fees:
TICKETED PROGRAMS:	Course Fee: \$	# \$	\$

REGISTRANT 3	Full Name:	<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	ADA #(Dentists/Students) / SS# (Others)
	Course Code #: #	Profession Code:	Total Ticketed Fees:
TICKETED PROGRAMS:	Course Fee: \$	# \$	\$

REGISTRANT 4	Full Name:	<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	ADA #(Dentists/Students) / SS# (Others)
	Course Code #: #	Profession Code:	Total Ticketed Fees:
TICKETED PROGRAMS:	Course Fee: \$	# \$	\$

REGISTRANT 5	Full Name:	<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	ADA #(Dentists/Students) / SS# (Others)
	Course Code #: #	Profession Code:	Total Ticketed Fees:
TICKETED PROGRAMS:	Course Fee: \$	# \$	\$

REGISTRANT 6	Full Name:	<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	ADA #(Dentists/Students) / SS# (Others)
	Course Code #: #	Profession Code:	Total Ticketed Fees:
TICKETED PROGRAMS:	Course Fee: \$	# \$	\$

REGISTRANT 7	Full Name:	<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	ADA #(Dentists/Students) / SS# (Others)
	Course Code #: #	Profession Code:	Total Ticketed Fees:
TICKETED PROGRAMS:	Course Fee: \$	# \$	\$

REGISTRANT 8	Full Name:	<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	ADA #(Dentists/Students) / SS# (Others)
	Course Code #: #	Profession Code:	Total Ticketed Fees:
TICKETED PROGRAMS:	Course Fee: \$	# \$	\$

ADDITIONAL LUNCH	#	Total Lunch Fees:
TICKETS:	\$ 25.00	\$

(Lunch is included in fee for full day seminar. However, lunch tickets may be purchased separately if attending exhibits only).

PAYMENT METHOD:			
<i>Please bill my credit card:</i> <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Amex			
<input type="checkbox"/> Check enclosed	Credit Card Number: _____		
<i>Payable to:</i>	Expiration Date: _____	Total Fee For All Registrants:	
<i>Fifth District Dental Society</i>	Signature: _____	\$ _____	