Registration Instructions

Complete the form on the next page. 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.
Please take note of the Early Bird Rates. Rates go up August 16th! See Key for Registrant Type.

COURSE #'S AND FEES			EARLY BIRD RATES 5/27/26 - 8/15/26				FINAL RATES 8/16/26 - 9/12/26			
Course #	**Date**	**Speaker**	**M**	**NM**	**RL**	**SR**	**M**	**NM**	**RL**	**SR**
1	9/11	Novy	$305	$610	$155	$195	$325	$630	$175	$215
2	9/11	Singh	$305	$610	$155	$195	$325	$630	$175	$215

REGISTRANT KEY FOR PRICING TABLE (ABOVE):

Member (ADA)	M
NonMember	NM
Retired Life	RL
Staff/Resident	SR

PROFESSION CODES TO BE USED ON REGISTRATION FORM (NEXT PAGE):

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

Register Online
www.cnydc.org

OR

Fax Your Registration
315-437-6013

OR

Mail Your Registration
Fifth District Dental Society
6323 Fly Rd, Ste. 3
E. Syracuse, NY 13057

Registration Information

You may fax or mail the attached registration form (see above.) Forms must be received at the Fifth District Dental Society office no later than August 31, 2026. 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.

The Fifth District office cannot be held 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 31, 2026 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.

Additional lunch tickets can be purchased for $35.

Central New York Dental Conference 2026

REGISTRATION FORM

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.

REGISTRANT 1	Full Name:		❑ Dr. ❑ Ms. ❑ Mr. Profession Code:		ADA #(Dentists/Students) / SS# (Others)
TICKETED PROGRAMS:	Course Code #:	#	#	#	Total Ticketed Fees:
	Course Fee:	$	$	$	$
REGISTRANT 2	Full Name:		❑ Dr. ❑ Ms. ❑ Mr. Profession Code:		ADA #(Dentists/Students) / SS# (Others)
TICKETED PROGRAMS:	Course Code #:	#	#	#	Total Ticketed Fees:
	Course Fee:	$	$	$	$
REGISTRANT 3	Full Name:		❑ Dr. ❑ Ms. ❑ Mr. Profession Code:		ADA #(Dentists/Students) / SS# (Others)
TICKETED PROGRAMS:	Course Code #:	#	#	#	Total Ticketed Fees:
	Course Fee:	$	$	$	$
REGISTRANT 4	Full Name:		❑ Dr. ❑ Ms. ❑ Mr. Profession Code:		ADA #(Dentists/Students) / SS# (Others)
TICKETED PROGRAMS:	Course Code #:	#	#	#	Total Ticketed Fees:
	Course Fee:	$	$	$	$
REGISTRANT 5	Full Name:		❑ Dr. ❑ Ms. ❑ Mr. Profession Code:		ADA #(Dentists/Students) / SS# (Others)
TICKETED PROGRAMS:	Course Code #:	#	#	#	Total Ticketed Fees:
	Course Fee:	$	$	$	$
REGISTRANT 6	Full Name:		❑ Dr. ❑ Ms. ❑ Mr. Profession Code:		ADA #(Dentists/Students) / SS# (Others)
TICKETED PROGRAMS:	Course Code #:	#	#	#	Total Ticketed Fees:
	Course Fee:	$	$	$	$
REGISTRANT 7	Full Name:		❑ Dr. ❑ Ms. ❑ Mr. Profession Code:		ADA #(Dentists/Students) / SS# (Others)
TICKETED PROGRAMS:	Course Code #:	#	#	#	Total Ticketed Fees:
	Course Fee:	$	$	$	$
REGISTRANT 8	Full Name:		❑ Dr. ❑ Ms. ❑ Mr. Profession Code:		ADA #(Dentists/Students) / SS# (Others)
TICKETED PROGRAMS:	Course Code #:	#	#	#	Total Ticketed Fees:
	Course Fee:	$	$	$	$

ADDITIONAL LUNCH TICKETS: # | $ 35.00 | Total Lunch Fees: $

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

PAYMENT METHOD:

Please bill my credit card: ❑ MC ❑ Visa ❑ Discover ❑ Amex

❑ Check enclosed

Payable to:

Fifth District Dental Society

Credit Card Number: _____ CVV: _____

Expiration Date: _____ Total Fee For All Registrants:

Signature: _____ $ _____

Refund requests must be submitted in writing to FDDS, received no later than September 4, 2026, and will be granted only in cases of family or office emergency. If name badges and tickets have been received, they must be returned to FDDS before a refund will be processed. Payment for meal functions will not be refunded.