

## REGISTRATION

### 3 Easy Ways to Register:

- 1) Register online at:  
*rmdconline.com*
- 2) Mail registration form to:  
*RMDC 2010 Registration  
PO Box 571  
Brookfield, IL 60513-0571*
- 3) Fax registration form to:  
*(708) 344-4444*

## Cancellation Policy

Cancellations for both registrations and fee courses/ events (excluding the Dawson Academy Functional Occlusion course) will be accepted and are entitled to a cash refund provided they are postmarked by December 30, 2009.

Cancellations must be sent in writing to:  
**MDDS**  
**3690 S.Yosemite St., #200**  
**Denver, CO 80237**

You may also fax your cancellation to (303)488-0177 or email it to [operations@mddsdentist.com](mailto:operations@mddsdentist.com).

A \$15.00 administrative fee will automatically be deducted from the refund for each cancelled registration. No refunds of any kind will be given for cancellations postmarked after December 30, 2009 regardless of the reason for cancellation.

## Dawson Cancellation Policy

Cancellations will be accepted and a full refund awarded, provided written notice to cancel is received by MDDS on or before November 12, 2009. No cancellations will be accepted, nor refunds awarded for cancellations received after November 12, 2009, regardless of the reason for cancellation.

## Registration Deadlines

*Special Early Registration:*

**October 30, 2009**

*Pre-registration:*

**December 18, 2009**

*Dawson Academy Occlusion*

*Course Cancellations:*

**November 12, 2009**

*Convention Cancellations:*

**December 30, 2009**

*Receipt of Registration Forms:*

**January 11, 2010**

### Registration Category/Fees

Category Code	by 10.30.09	by 12.18.09	after 12.18.09	Expo Hall Saturday only	Category Code	by 10.30.09	by 12.18.09	after 12.18.09	Expo Hall Saturday only
<b>A</b> MDDS Member	\$0*	\$0*	\$0*	\$0*	<b>L</b> Guest	\$249	\$269	\$289	\$39
<b>C</b> CDA Member	\$249	\$269	\$289	\$39	<b>M</b> Dental Hygienist	\$79	\$89	\$99	\$39
<b>D</b> ADA Member	\$249	\$269	\$289	\$39	<b>N</b> Chairside Assistant	\$79	\$89	\$99	\$39
<b>E</b> Active Duty Military**	\$249	\$269	\$289	\$39	<b>O</b> Front Office Personnel	\$79	\$89	\$99	\$39
<b>F</b> Foreign Dental Association Member**	\$249	\$269	\$289	\$39	<b>P</b> Laboratory Technician	\$79	\$89	\$99	\$39
<b>G</b> New Dentist (ADA Members in practice 1-3 years)	\$199	\$199	\$199	\$39	<b>Q</b> GPR**	\$0	\$0	\$99	\$39
<b>H</b> Non-ADA Member	\$599	\$599	\$599	\$39	<b>R</b> Student at ADA accredited school**	\$0	\$0	\$35	\$35
<b>I</b> ADA RETIRED Life Member**	\$0	\$0	\$0	N/A	<b>S</b> Student at non-ADA accredited school**	\$35	\$35	\$35	\$35
<b>J</b> ADA ACTIVE Life Member**	\$99	\$99	\$99	\$39	<b>T</b> Family Member (Educational Seminars)	\$79	\$89	\$99	\$39
<b>K</b> Retired Dentist (Expo Hall Only)	\$0	\$0	\$0	N/A	<b>U</b> Family Member (Expo Hall Only)	\$0	\$0	\$0	N/A

\*Provided 2010 membership dues are paid in full by January 8, 2010.

\*\*Membership identification, copy of credentials or student ID required for registration.

### Fee Courses/Events

Thursday, January 21, 2010	Instructor(s)	Course Code	Fee Per Person
The Dawson Academy's Functional Occlusion: From TMJ to Smile Design	Dr. John Cranham and Dr. DeWitt Wilkerson	T111	\$1,050
Periodontal Surgery for the GP: A Workshop on Free Gingival Grafts and Crown Lengthening	Dr. Jon Suzuki	T9339	\$199
Women Dentist Happy Hour		T9342	\$49
Friday, January 22, 2010	Instructor(s)	Course Code	Fee Per Person
Something Old Something New: RPDs with Attachments	Dr. M. Nader Sharifi	T9458	\$249
Transitional Bonding Hands-on Technique: Adding Incisal Length for Function & Esthetics	Dr. Corky Willhite	T9459	\$199
Saturday, January 23, 2010	Instructor(s)	Course Code	Fee Per Person
Composite Bonding Hands-on Technique: Making a Dark Tooth Bright	Dr. Corky Willhite	T9588	\$199

\*Registering for a fee course/event does not constitute confirmation in the fee course/event. Attendance in these courses/events is limited and awarded on a first-come, first-served basis.

# Registration – RMDC 2010

## I. Practice Information

**IMPORTANT:** Key contact **will not** be entitled to a name badge unless the name and information below is included in steps 2-6 below.

Key Contact \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Practice specialty:

- |   |  |  |
|---|--|--|
| <input type="radio"/> General practice (a)    | <input type="radio"/> Endodontics (e)  | <input type="radio"/> Oral pathology (i) |
| <input type="radio"/> Oral radiology (b)      | <input type="radio"/> Oral surgery (f) | <input type="radio"/> Orthodontics (j)   |
| <input type="radio"/> Pediatric dentistry (c) | <input type="radio"/> Periodontics (g) | <input type="radio"/> Prosthodontics (k) |
| <input type="radio"/> Public health (d)       | <input type="radio"/> Hygienist (h)    |  |

### Important Policy Changes

- New registration policy for MDDS members. Please see page 28 for details.
- Special registration/payment policy for the Dawson Academy Functional Occlusion course. Please see page 28 for details.
- Name badges for RMDC 2010 will not be mailed prior to the convention. Every registered attendee will be required to check in at the convention with his/her confirmation letter. Please print and bring your confirmation letter to the convention for check-in. See page 28 for check in hours and locations.

### Cancellation Policy

Cancellations for both registrations and fee courses/events (excluding the Dawson Academy Functional Occlusion course) will be accepted and are entitled to a cash refund provided they are postmarked by December 30, 2009. Cancellations must be sent in writing to: MDDS, 3690 S. Yosemite St., #200, Denver, CO 80237. A \$15.00 administrative fee will automatically be deducted from the refund for each cancelled registration. No refunds of any kind will be given for cancellations postmarked after December 30, 2009 regardless of the reason for cancellation.

### Dawson Academy Occlusion Course Cancellation Policy

Cancellations will be accepted and a full refund awarded, provided written notice to cancel is received by MDDS at 3690 S. Yosemite St., #200, Denver, CO 80237 on or before November 12, 2009. No cancellations will be accepted, nor refunds awarded for cancellations received after November 12, 2009, regardless of the reason for cancellation.

## 2. Name for Badge

First \_\_\_\_\_ Last \_\_\_\_\_

## 3. Demographics

Gender  
 Male  Female

Birth Year \_\_\_\_\_

## 4. Registration

Category/Fee  
refer to pg. 30

Cat. \_\_\_\_\_ \$ \_\_\_\_\_

ADA # \_\_\_\_\_

## 5. Reserved Seating/Fee Courses

Course #/Fee  
**Thursday**

am # \_\_\_\_\_ \$ \_\_\_\_\_

pm # \_\_\_\_\_ \$ \_\_\_\_\_

*Fast Track*

am # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

pm # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

Course #/Fee  
**Friday**

am # \_\_\_\_\_ \$ \_\_\_\_\_

pm # \_\_\_\_\_ \$ \_\_\_\_\_

*Fast Track*

am # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

pm # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

Course #/Fee  
**Saturday**

am # \_\_\_\_\_ \$ \_\_\_\_\_

pm # \_\_\_\_\_ \$ \_\_\_\_\_

## 6. TOTAL

Registration  
Fees and Courses

am \$ \_\_\_\_\_

pm \$ \_\_\_\_\_

1. \_\_\_\_\_

email address \_\_\_\_\_

2. \_\_\_\_\_

email address \_\_\_\_\_

# Registration - RMDC 2010

Fax form to: RMDC 2010 at (708) 344-4444  
or send form to P.O. Box 571, Brookfield, IL 60513-0571

2. Name for Badge		3. Demographics		4. Registration		5. Reserved Seating/Fee Courses			6. TOTAL
First	Last			Category/Fee refer to pg. 30	Course #/Fee <b>Thursday</b>	Course #/Fee <b>Friday</b>	Course #/Fee <b>Saturday</b>	Registration Fees and Courses	
3. _____  _____ <i>email address</i>		Gender <input type="radio"/> Male <input type="radio"/> Female	Birth Year _____	Cat. _____ \$ _____ ADA # _____	am # _____ \$ _____ pm # _____ \$ _____ <i>Fast Track</i> am # _____ # _____ # _____ pm # _____ # _____ # _____	am # _____ \$ _____ pm # _____ \$ _____ <i>Fast Track</i> am # _____ # _____ # _____ pm # _____ # _____ # _____	am # _____ \$ _____ pm # _____ \$ _____	am \$ _____ pm \$ _____	
4. _____  _____ <i>email address</i>		Gender <input type="radio"/> Male <input type="radio"/> Female	Birth Year _____	Cat. _____ \$ _____ ADA # _____	am # _____ \$ _____ pm # _____ \$ _____ <i>Fast Track</i> am # _____ # _____ # _____ pm # _____ # _____ # _____	am # _____ \$ _____ pm # _____ \$ _____ <i>Fast Track</i> am # _____ # _____ # _____ pm # _____ # _____ # _____	am # _____ \$ _____ pm # _____ \$ _____	am \$ _____ pm \$ _____	
5. _____  _____ <i>email address</i>		Gender <input type="radio"/> Male <input type="radio"/> Female	Birth Year _____	Cat. _____ \$ _____ ADA # _____	am # _____ \$ _____ pm # _____ \$ _____ <i>Fast Track</i> am # _____ # _____ # _____ pm # _____ # _____ # _____	am # _____ \$ _____ pm # _____ \$ _____ <i>Fast Track</i> am # _____ # _____ # _____ pm # _____ # _____ # _____	am # _____ \$ _____ pm # _____ \$ _____	am \$ _____ pm \$ _____	

## Privacy Statement

MDDS does not disclose any non-public personal information about our members or convention attendees to anyone, except as permitted and required by law.

## Mailing List Options

The Rocky Mountain Dental Convention offers its exhibitors the opportunity to purchase the names and addresses of convention attendees for the purpose of promoting special convention offers/discounts/show specials. Please indicate below if you do not want your name and address sold to convention exhibitors for promotion purposes.

I do not want my name and address sold to convention exhibitors for promotion purposes.

## 7. Payment

Form of payment:  check/money order (payable to MDDS)  
 Visa  MC  AMX  Discover

Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

I would like to pay my Dawson Academy course fee in two installments and have read and accept the installment policy on page 28 of the convention program.

\_\_\_\_\_ (please initial)

**Total fees \$** \_\_\_\_\_

### Official use only:

Date on check \_\_\_\_\_

Check # \_\_\_\_\_

Check amount \$ \_\_\_\_\_