

SDC Registration Form

Registration

After April 27

ADA Member Dentist	Th: \$100 Fri: \$350 Both \$425	additional \$25 late fee
Auxiliary (RDH, CDA, DA & S)	Th: \$100 Fri: \$175 Both \$250	additional \$25 late fee
Retired 4th Dr.	Th: \$100 Fri: no charge, must register	additional \$25 late fee
Non-Member Dentist	Th: \$100 Fri: \$450	additional \$25 late fee
Register for CPR <i>only</i>	\$130 pp <i>*no meals included</i>	\$155 pp <i>*no meals included</i>
Resident	Th: \$30 Fri: no charge, must register	NO REFUNDS AFTER APRIL 30

NAME / OFFICE _____ ADA# _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ PHONE _____

CHECK ENCLOSED

CARD # _____ EXP ____/____ CODE _____ BILLING ZIP _____

Please join us for the New York State Dental Foundation's Cancer Prevention Summit, presented by Glens Falls Hospital.

THURSDAY MAY 8	NAME on BADGE _____	Email _____	CATEGORY _____	FEE \$ _____
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____

** Please expect a brief survey by email from the Foundation **

*CATEGORY: D: Dentist RDH: Registered Dental Hygienist CDA: Cert. Dental Asst. DA: Dental Assistant S: Staff *

FRIDAY MAY 9	NAME on BADGE _____	CATEGORY* lunch&learn _____	McMahon _____	Nguyen _____	CPR _____	FEE \$ _____
	_____	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____
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	_____	<input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$ _____

Thursday 2 CEs

Friday 3AM 3PM CEs
Lunch& Learn 1 CE

Hotel Blocks

HOLIDAY INN \$139 [link](#)
SARATOGA COURTYARD \$169 [link](#)
SARATOGA HILTON \$239 [link](#)



Send Check:

Fourth District Dental Society

PO Box 302

Saratoga Springs, NY 12866

EMAIL OFFICE@4THDDS.ORG

TOTAL \$ _____

[Online registration link](#)

WWW.4THDDS.ORG

FAX 518. 851. 1601

New York State and the State's Department of Health continue to strongly recommend mask-wearing in all public indoor settings as an added layer of protection . Immunization proof and/or mask wearing may be required. All events and requirements subject to change or cancellation.