

# 2019 RMDc REGISTRATION FORM

Title <small>(Please choose one)</small>	Name for Badge	Demographics	Registration	Course #/Fee	Course No./Fee	Course #/Fee	TOTAL
	First Last		Category/Fee refer to Pg. 22	Thursday	Friday	Saturday	Registration Fee and Course Fees
<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Ms.	1. _____ email address _____	Gender <input type="radio"/> Male <input type="radio"/> Female Birth Year _____	Cat. # _____ \$ _____ <input type="radio"/> ADA # _____ <input type="radio"/> \$99 MDDS Assoc. Membership	am # _____ \$ _____ pm # _____ \$ _____	am # _____ \$ _____ pm # _____ \$ _____	am # _____ \$ _____ pm # _____ \$ _____	TOTAL \$ _____
<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Ms.	2. _____ email address _____	Gender <input type="radio"/> Male <input type="radio"/> Female Birth Year _____	Cat. # _____ \$ _____ ADA # _____ <input type="radio"/> \$99 MDDS Assoc. Membership	am # _____ \$ _____ pm # _____ \$ _____	am # _____ \$ _____ pm # _____ \$ _____	am # _____ \$ _____ pm # _____ \$ _____	TOTAL \$ _____
<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Ms.	3. _____ email address _____	Gender <input type="radio"/> Male <input type="radio"/> Female Birth Year _____	Cat. # _____ \$ _____ ADA # _____ <input type="radio"/> \$99 MDDS Assoc. Membership	am # _____ \$ _____ pm # _____ \$ _____	am # _____ \$ _____ pm # _____ \$ _____	am # _____ \$ _____ pm # _____ \$ _____	TOTAL \$ _____
<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Ms.	4. _____ email address _____	Gender <input type="radio"/> Male <input type="radio"/> Female Birth Year _____	Cat. # _____ \$ _____ ADA # _____ <input type="radio"/> \$99 MDDS Assoc. Membership	am # _____ \$ _____ pm # _____ \$ _____	am # _____ \$ _____ pm # _____ \$ _____	am # _____ \$ _____ pm # _____ \$ _____	TOTAL \$ _____
<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Ms.	5. _____ email address _____	Gender <input type="radio"/> Male <input type="radio"/> Female Birth Year _____	Cat. # _____ \$ _____ ADA # _____ <input type="radio"/> \$99 MDDS Assoc. Membership	am # _____ \$ _____ pm # _____ \$ _____	am # _____ \$ _____ pm # _____ \$ _____	am # _____ \$ _____ pm # _____ \$ _____	TOTAL \$ _____

### Convention Cancellation Policy

Cancellations for both registration and fee courses/ events will be accepted and are entitled to a refund provided they are sent in writing to MDDS at 925 Lincoln Street, Unit B, Denver, CO 80203 and postmarked by December 31, 2018. A \$25 administrative fee will be deducted from the refund for each cancelled registration.

**No refunds of any kind will be given for cancellations postmarked after December 31, 2018.**

### Substitution Policy

Substitutions are allowed. To make a substitution, please call MDDS Registration Services at (303) 488-9700 to change the registrant's information and pay any difference in fee.

### 3 Easy Ways to Register:

- 1) Register online at [rmdconline.com](http://rmdconline.com)
- 2) Mail registration form to:  
**2019 RMDc Registration**  
EShow  
5 Executive Court, Ste 2  
South Barrington, IL 60010-9534
- 3) Fax registration form to (847) 277-7414. If you fax your form, do not also mail it as it could result in duplicate registration and charges.

### Registration Deadlines

Special Early Registration:  
Pre-registration: October 31, 2018  
Convention Cancellations: December 7, 2018  
Receipt of Registration Forms: December 31, 2018  
January 2, 2019

**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 made available to convention exhibitors for promotional purposes.  
 I do not want my name and address made available to convention exhibitors so they can send me discount and promotional offers.

### Practice Information

**IMPORTANT:** Key contact will not be entitled to a name badge unless the name and information below is included above.

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

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

Address \_\_\_\_\_

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

Email \_\_\_\_\_

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

Practice specialty:

<input type="radio"/> General practice	<input type="radio"/> Endodontics
<input type="radio"/> Oral radiology	<input type="radio"/> Oral pathology
<input type="radio"/> Pediatric dentistry	<input type="radio"/> Oral surgery
<input type="radio"/> Public health	<input type="radio"/> Periodontics
	<input type="radio"/> Prosthodontics
	<input type="radio"/> Hygienist

### Payment

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

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

CVN \_\_\_\_\_

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

Signature \_\_\_\_\_

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

Official use only:  
 Date on check \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Check amount \$ \_\_\_\_\_



REGISTER ONLINE AT  
**RMDCONLINE.COM**