

REGISTRATION FORM

PLEASE NOTE: All registrants must have a unique email address.
Do not register multiple attendees with the same email address.

rmdconline.com

NAME FOR BADGE		DEMOGRAPHICS	REGISTRATION	COURSE #/FEE			TOTAL FEES	
Prefix/First:		Gender:	Category/Fee \$	THURSDAY Course #/Fee	FRIDAY Course #/Fee	SATURDAY Course #/Fee	TOTAL \$:	
Last:			Cat: \$:	#: \$:	#: \$:	#: \$:		
Email:			Birth Year:	☐ \$99 Assoc. Membership	#: \$:	#: \$:		#: \$:
					#: \$:	#: \$:		#: \$:
Prefix/First:		Gender:	Category/Fee \$	THURSDAY Course #/Fee	FRIDAY Course #/Fee	SATURDAY Course #/Fee	TOTAL \$:	
Last:			Cat: \$:	#: \$:	#: \$:	#: \$:		
Email:			Birth Year:	☐ \$99 Assoc. Membership	#: \$:	#: \$:		#: \$:
					#: \$:	#: \$:		#: \$:
Prefix/First:		Gender:	Category/Fee \$	THURSDAY Course #/Fee	FRIDAY Course #/Fee	SATURDAY Course #/Fee	TOTAL \$:	
Last:			Cat: \$:	#: \$:	#: \$:	#: \$:		
Email:			Birth Year:	☐ \$99 Assoc. Membership	#: \$:	#: \$:		#: \$:
					#: \$:	#: \$:		#: \$:
Prefix/First:		Gender:	Category/Fee \$	THURSDAY Course #/Fee	FRIDAY Course #/Fee	SATURDAY Course #/Fee	TOTAL \$:	
Last:			Cat: \$:	#: \$:	#: \$:	#: \$:		
Email:			Birth Year:	☐ \$99 Assoc. Membership	#: \$:	#: \$:		#: \$:
					#: \$:	#: \$:		#: \$:
Prefix/First:		Gender:	Category/Fee \$	THURSDAY Course #/Fee	FRIDAY Course #/Fee	SATURDAY Course #/Fee	TOTAL \$:	
Last:			Cat: \$:	#: \$:	#: \$:	#: \$:		
Email:			Birth Year:	☐ \$99 Assoc. Membership	#: \$:	#: \$:		#: \$:
					#: \$:	#: \$:		#: \$:

PRACTICE INFORMATION	
Key Contact*:	Practice Name:
Address:	
City/State/Zip:	
Email:	
Phone:	Fax:
Practice Specialty:	
☐ General practice ☐ Public health ☐ Periodontics ☐ Orthodontics ☐ Oral radiology ☐ Endodontics ☐ Hygienist ☐ Prosthodontics ☐ Pediatric dentistry ☐ Oral surgery ☐ Oral pathology ☐ Other: _____	

***IMPORTANT:** Key Contact will not be entitled to a name badge unless the name and information written here is included in registration above.

Convention Cancellation Policy

Cancellations for both registration and fee courses/events will be accepted and are entitled to a refund provided they are emailed to registration@mddsdentist.com by December 31, 2026. A 10% administrative fee will be deducted from the refund for each canceled registration.

No refunds of any kind will be given for cancellations emailed after December 31, 2026.

Substitution Policy

To make a substitution, contact RMDC Registration at (303) 957-3268 or registration@mddsdentist.com.

PAYMENT INFORMATION	
☐ VISA ☐ MC ☐ AMX ☐ Discover ☐ Check/Money Order (Payable to MDDS)	
Card #:	
Expiration Date:	CVV #:
Name on Card:	
Signature:	
TOTAL \$:	

Mail form to:

MDDS
Attn: Marlene J Pakish
925 Lincoln St, Unit B
Denver, CO 80203

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 promotion purposes.

☐ I do not want my name and address made available to convention exhibitors for promotion purposes.