

REGISTRATION FORM



Register online at ideas.iowadental.org, call IDA at 515.331.2298 or mail registration form and payment to: Iowa Dental Association, 8797 NW 54th Avenue, Suite 100, Johnston, IA 50131

REGISTRATION TYPE (CHECK ONE)

DENTIST*

\$225*

Name: _____

ADA Number: _____

**Retired life members and graduate students and dental students receive complimentary registration (no need to complete payment information below).*

SPOUSE/SOCIAL PASS

\$75

HYGIENIST ASSISTANT OFFICE STAFF LAB TECHNICIAN

\$115

Name: _____

Email: _____

Address: _____

City _____ State _____ ZIP _____

PAYMENT INFORMATION

REGISTRATION TYPE:

Check one: Dentist Hygienist Assistant Office Staff Lab Technician Spouse/Social Pass

PAYMENT TYPE: (Check One)

Check (made payable to IDA) Credit Card: ___ AMEX ___ MC ___ VISA

Card Number: _____

Expiration Date: _____ CCV: _____

TOTAL: _____