

REGISTRATION FORM

Register online at ideas.iowadental.org, call IDA at 515.331.2298
or mail registration form and payment to:
Iowa Dental Association, PO Box 31088, Johnston, IA 50131



REGISTRATION TYPE (CHECK ONE)

	Rate before April 17, 2019	Rate after April 17, 2019
<input type="checkbox"/> DENTIST	<input type="checkbox"/> \$225*	<input type="checkbox"/> \$275*
Name: _____		
ADA Number: _____		
<i>*Retired life members, graduate students and dental students receive complimentary registration</i>		

<input type="checkbox"/> SPOUSE/SOCIAL PASS	Name: _____	\$75
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<input type="checkbox"/> HYGIENIST <input type="checkbox"/> ASSISTANT <input type="checkbox"/> OTHER	Rate before April 17, 2019	Rate after April 17, 2019
<input type="checkbox"/> FULL CONFERENCE	<input type="checkbox"/> \$115	<input type="checkbox"/> \$165
<input type="checkbox"/> SATURDAY ONLY	<input type="checkbox"/> \$85	<input type="checkbox"/> \$135

Name: _____

Email: _____

Address: _____

City _____ State _____ ZIP _____

PAYMENT INFORMATION

PAYMENT TYPE: (Check One)

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

Card Number: _____

Expiration Date: _____ CCV: _____

TOTAL: _____

REGISTER NOW AT IDEAS.IOWADENTAL.ORG