

REGISTRATION FORM

Register online at ideas.iowadental.org, call IDA at 515.331.2298
or mail registration form and payment to:
Iowa Dental Association, 666 Grand Ave, Ste 901, Des Moines, IA 50309

REGISTRATION TYPE

Rate before April 9, 2024

Rate after April 9, 2024

<input type="checkbox"/> Member Dentist	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
<input type="checkbox"/> <i>Check box to attend the President's Dinner exclusive to members only</i>		
<input type="checkbox"/> Non Member Dentist	<input type="checkbox"/> \$1,165	<input type="checkbox"/> \$1,215
<input type="checkbox"/> Retired Life Members, Graduate Students, and Dental Students - <i>Complimentary Registration</i>		
<input type="checkbox"/> University District Members Friday Only	<input type="checkbox"/> \$0	<input type="checkbox"/> \$50

<input type="checkbox"/> Hygienist	<input type="checkbox"/> Assistant	<input type="checkbox"/> Other		
<input type="checkbox"/> Full Conference	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175		
<input type="checkbox"/> University District Staff Friday Only	<input type="checkbox"/> \$0	<input type="checkbox"/> \$50		
<input type="checkbox"/> Saturday Only	<input type="checkbox"/> \$85	<input type="checkbox"/> \$135		

PERSONAL INFORMATION

Name:

ADA Number (Member Dentist Only):

Email (required for CEs):

Address:

City: State: Zip:

\$75 Spouse/Social Pass Name:

PAYMENT INFORMATION

Payment Type: (check one)

Check (made payable to IDA) Credit Card: AMEX Discover MC Visa

Card Number:

Expiration Date: CCV:

Total:

By submitting this form, all names listed agree to the registration policies for the IDEAS24 Conference. For complete registration policies visit the conference website at ideas.iowadental.org.

