



OFFICIAL ATTENDEE REGISTRATION

Thank you for your support of NCDHA's 6th Annual Session! If you wish to register more than three attendees, please fill out multiple copies of this form or call the association office at 336-975-0029 for assistance.

Attendee 1:

Name: _____ Credentials (RDH, CDA, etc.): _____

Dental Office: _____

Nickname: _____ License #: _____ Food allergies: _____

ADHA #: _____ Email: _____ Cell Phone: _____

Will you attend General Assembly? Yes No

Registration Type table with columns: 2 day, Fri. Only, Sat. Only, Total. Rows: Member, Nonmember, Dental Hygiene Student.

Event Extras:

Tooth Trot \$10 (no t-shirt) \$30 (with t-shirt) T-shirt size: _____

To be held Saturday morning, a portion of the proceeds will be donated to Smile Train

Hygiene Happy Hour \$30 (for guests and/or Saturday only attendees...included in 2 day and Fri. only registration packages)

Half the Pot Raffle Tickets — a book of 6 tickets for \$5 (help us grow the pot early, also for sale on site) _____ # of books

Mini Raffle Tickets — a book of 6 tickets for \$5 (receive your tickets in your attendee packet to place in raffles) _____ # of books

Would you like to make a donation to Smile Train? Yes \$ _____ No

Total for Attendee 1: _____

Attendee 2

Name: _____ Credentials (RDH, CDA, etc.): _____

Dental Office: _____

Nickname: _____ License #: _____ Food allergies: _____

ADHA #: _____ Email: _____ Cell Phone: _____

Will you attend General Assembly? Yes No

Registration Type table with columns: 2 day, Fri. Only, Sat. Only, Total. Rows: Member, Nonmember, Dental Hygiene Student.

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Would you like to make a donation to Smile Train? Yes \$ _____ No

Total for Attendee 2: _____

Attendee 3:

Name: _____ Credentials (RDH, CDA, etc.): _____

Dental Office: _____

Nickname: _____ License #: _____ Food allergies: _____

ADHA #: _____ Email: _____ Cell Phone: _____

Will you attend General Assembly? Yes No

Registration Type:	2 day	Fri. Only	Sat. Only	Total
Member	<input type="checkbox"/> \$199	<input type="checkbox"/> \$135	<input type="checkbox"/> \$135	_____
Nonmember	<input type="checkbox"/> \$299	<input type="checkbox"/> \$209	<input type="checkbox"/> \$209	_____
Dental Hygiene Student	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	_____

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Mini Raffle Tickets — a book of 6 tickets for \$5 (receive your tickets in your attendee packet to place in raffles) _____ # of books _____

Would you like to make a donation to Smile Train? Yes \$ _____ No _____

Total for Attendee 3: _____

Subtotal of all registrations _____

Would you like to donate 3% of the total to cover credit card processing fees? Yes No _____

Total for all registrations: _____

Payment Method: Online Check made payable to NCDHA Credit Card Authorization

Credit Card Authorization:

Name on Card: _____ Authorized Amount: _____

Credit Card #: _____ Expiration: _____ CVV: _____

Billing Address: _____

City, State, Zip: _____

Email (for receipt): _____

Signature: _____

Cancellation Policy:

Cancellations cannot be accepted after September 3, 2024. Cancellations received in writing at the NCDHA office prior to September 3, 2024 will receive full refund post meeting, less a \$50 processing fee. A \$25 fee will be applied to any returned checks. NCDHA assumes no responsibility other than refunding of registration fees paid if program is cancelled due to any reason that is out of the control of the meeting sponsor. NCDHA is not responsible for any transportation liabilities.

Pre-Registration Deadline / Onsite Registrations:

The pre-registration deadline for 6th Annual Session is September 6, 2024. Any registrations received after this date will be considered onsite registrations. Meals are not guaranteed for onsite registrations.

Requests for Reasonable Accommodations:

Requests for reasonable accommodations as provided by the Americans with Disabilities Act (ADA) must be received in writing in the NCDHA office by August 1, 2024.

By registering for this meeting, I understand that my contact information may be provided to the participating exhibitors and my photo could be used in highlights and/or promotional materials.

Please return all paper registration forms to:

Fax: 336-975-0033
Email: ncdhasocialmedia@gmail.com
Mail: NCDHA
PO Box 206 | Elkin, NC 28621

