

2012 STAR OF THE NORTH MEETING

Please photocopy as needed. Registration form is also available on the Star of the North website: www.starofthenorthmeeting.org.
Your 2012 MDA dues must be paid before you can attend the meeting at the member rate.

Dentist Registration Fees and Codes...

CODE	CATEGORY	FEE
E	MDA Member	No Charge
I	MDA Affiliate Member	No Charge
A	ADA Member (out of state or Direct)	\$125
B	ADA Life Member	\$25
H	ADA/MDA Non-member	\$795*
G	Foreign Dental Association Member	\$125
N	MDA Post Graduate Member	No Charge
O	Post Graduate Non-Member	\$10*
P	MDA Student Dentist Member	No Charge
Q	Student Dentist Non-Member	\$10*

Auxiliary Registration Fees and Codes...

CODE	CATEGORY	FEE
C	Dental Assistant	\$25
D	Dental Administrative Personnel	\$25
J	Dental Hygienist	\$25
K	Dental Technician	\$25
T	Dental Therapist	\$25
M	Nurse	\$25
W	Dental Educator (non-dentist)	\$25
R	Student (assistant, hygiene or technician)	No Charge
F	Spouse of Dentist (non-dentist)	\$25
L	Guest of Dentist**	\$25
1	Child (children under age 18)	No Charge

*Non-member registration fees maybe applied toward MDA dues any time during 2012.

STEP 2 Name for Badge	STEP 3 Registration Category/Fee	STEP 4 Registered Courses (Include Code & Fee)	STEP 5 Total Registration Fees & Course Fees				
Registrant Last: <u>Doe</u> First: <u>John</u> REGISTER ME FOR KEYNOTE: #1229 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Code: <u>E</u> <u>\$0</u> ADA #: <u>999-99-999</u> (Dentists/Student Dentists) MN License/Registration #: <u>D123456</u>	THURSDAY... Course # Fee AM# <u>1203</u> \$ <u>75</u> PM# <u>1210</u> \$ <u>35</u> Special Events: # <u>1200</u> \$ <u>0</u> # _____ \$ _____	FRIDAY... Course # Fee AM# <u>1231</u> \$ <u>55</u> PM# <u>1250</u> \$ <u>10</u> Special Events: # _____ \$ _____ # _____ \$ _____	SATURDAY... Course # Fee AM# <u>1262</u> \$ <u>45</u> PM# <u>1274</u> \$ <u>10</u> Special Events: # <u>1280</u> \$ <u>65</u> # _____ \$ _____	SATURDAY... Course # Fee AM# <u>1231</u> \$ <u>55</u> PM# <u>1250</u> \$ <u>10</u> Special Events: # _____ \$ _____ # _____ \$ _____	SATURDAY... Course # Fee AM# <u>1262</u> \$ <u>45</u> PM# <u>1274</u> \$ <u>10</u> Special Events: # <u>1280</u> \$ <u>65</u> # _____ \$ _____	STEP 5 Total Registration Fees & Course Fees \$ <u>175</u> \$ <u>55</u> Special Events: \$ <u>65</u> \$ _____

Deadline for pre-registration is March 31, 2012. After March 31, a \$20 onsite registration fee will be assessed to all non-members.
Early Bird registrations must be received on or before February 20, 2012. For questions regarding your registration, call QMS toll-free at 1-866-301-0750.

Registration Form

2012 STAR OF THE NORTH MEETING

STEP 1

Dental Practice and Dentist Name (for mailing purposes):		Daytime Telephone Number: <input type="checkbox"/> Check here if assistance for disabled participant is needed. An MDA representative will contact you regarding your needs.
Mailing Address (badges & tickets for all registrants will be sent to this address):		Office Email:
City:	State:	Zip:
Specialty: <input type="checkbox"/> 1) Periodontics <input type="checkbox"/> 2) Prosthodontics <input type="checkbox"/> 3) Endodontics <input type="checkbox"/> 4) Pediatrics <input type="checkbox"/> 5) Orthodontics <input type="checkbox"/> 6) Oral Surgery <input type="checkbox"/> 7) Other		

If registering multiple attendees, photocopy as needed. Please type or print legibly. You must indicate your Registration Category (Step 3) or your registration will not be processed. Please indicate your plans to attend our Keynote Program, The Glass Castle on Friday morning, 8:00 to 9:00 a.m.

STEP 2 Name for Badge	STEP 3 Registration Category/Fee	STEP 4 Registered Courses (Include Code & Fee)	STEP 5 Total Registration Fees & Course Fees
Registrant 1 Last: _____ First: _____ REGISTER ME FOR KEYNOTE: #1229 FREE <input type="checkbox"/> Yes <input type="checkbox"/> No	Code: _____ \$ _____ ADA #: _____ (Dentists/Student Dentists) MN License/ Registration #: _____	THURSDAY... Course # _____ Fee _____ AM# _____ \$ _____ PM# _____ \$ _____ Special Events: # _____ \$ _____ # _____ \$ _____	SATURDAY... Course # _____ Fee _____ AM# _____ \$ _____ PM# _____ \$ _____ Special Events: # _____ \$ _____ # _____ \$ _____
Registrant 2 Last: _____ First: _____ REGISTER ME FOR KEYNOTE: #1229 FREE <input type="checkbox"/> Yes <input type="checkbox"/> No	Code: _____ \$ _____ ADA #: _____ (Dentists/Student Dentists) MN License/ Registration #: _____	FRIDAY... Course # _____ Fee _____ AM# _____ \$ _____ PM# _____ \$ _____ Special Events: # _____ \$ _____ # _____ \$ _____	SATURDAY... Course # _____ Fee _____ AM# _____ \$ _____ PM# _____ \$ _____ Special Events: # _____ \$ _____ # _____ \$ _____

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STEP 2 Name for Badge	STEP 3 Registration Category/Fee	STEP 4 Registered Courses (Include Code & Fee)	STEP 5 Total Registration Fees & Course Fees
		THURSDAY... Course # Fee	SATURDAY... Course # Fee
Registrant 3 Last: _____ First: _____ REGISTER ME FOR KEYNOTE: #1229 FREE <input type="checkbox"/> Yes <input type="checkbox"/> No	Code: _____ \$ _____ ADA #: _____ (Dentists/Student Dentists) MN License/Registration #: _____	AM# _____ \$ _____ PM# _____ \$ _____ Special Events: # _____ \$ _____ # _____ \$ _____	\$ _____ \$ _____ Special Events: \$ _____ \$ _____
Registrant 4 Last: _____ First: _____ REGISTER ME FOR KEYNOTE: #1229 FREE <input type="checkbox"/> Yes <input type="checkbox"/> No	Code: _____ \$ _____ ADA #: _____ (Dentists/Student Dentists) MN License/Registration #: _____	AM# _____ \$ _____ PM# _____ \$ _____ Special Events: # _____ \$ _____ # _____ \$ _____	\$ _____ \$ _____ Special Events: \$ _____ \$ _____
Payment Method: <input type="checkbox"/> Check enclosed (Payable to Minnesota Dental Association) Please bill my credit card: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express Credit Card Number: _____ Expiration Date: _____ Name as it appears on card: _____ Signature: _____		STEP 6 Grand Total Includes all Registration & Course Fees \$ _____	

Please Return to:

Star of the North Meeting Registration
 c/o GMS Services
 6840 Meadowridge Court • Alpharetta, GA 30005

🕒 Early Bird Deadline... Midnight, February 20, 2012
 Pre-Registration deadline...Midnight, March 31, 2012
 Cancellation Deadline... Midnight, April 6, 2012

If registration form is processed electronically, DO NOT MAIL - May result in duplicate registration.