2021 OREGON DENTAL CONFERENCE® REGISTRATION FORM

LIVE EVENTS: April 8–10
ON DEMAND AVAILABLE THROUGH MAY 15

Section-by-Section Instructions

Registration form is on page 2 of this pdf.



All registrants must answer the two questions at the end of section ① on the registration form. If you need to list more than three registrants from your office, please photocopy the registration form and use the photocopies as continuation sheets. If using a continuation sheet, mark the box at the top of the form, enter the primary registrant's name in section ①, and proceed directly to section ④.



Please choose one box only to indicate the doctor's specialty.

REGISTRANT CATEGORIES & FEES

The ODC has a variety of registration categories. Review the table carefully to ensure you are paying the correct fee. Note that dentists may only register as dentists; dentists may not register as guests. Complimentary student registration for pre-dental students, non-OHSU dental students and residents, hygiene students, assisting students, and lab tech students will not be able to access the CE system. If you require CE, please register in a paid category.

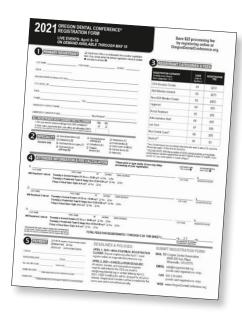
4 ATTENDEE INFORMATION & FEE CALCULATION

- ✓ Print attendee's name(s) and email address(es) clearly.
- ✓ Make the primary registrant the first entry on the registration form.
- ✓ A unique email address is required for each attendee to complete registration.
- ✓ Enter the appropriate registration code from section **3** for each person registering.
- ✓ Mark if the registrant will be attending any of the live special events (General Session, President's Toast & Happy Hour, or Virtual Game Night).
- ✓ Enter the appropriate fee.
- ✓ Add up fees for all registrants and enter the total on the last line of section ④. Please note: There is a \$25 processing fee per sheet, for all faxed/mailed/emailed registrations.



Indicate method of payment and be certain that all information is accurate. Credit card registrations must be signed in order to authorize the transaction. Submit registration by fax, mail, or email to odc@oregondental.org. To save \$25 processing fee, register online at www.oregondentalconference.org. Registrations or payments will not be accepted by phone. If registering by fax, please do not mail a copy of your registration.

Save \$25 processing fee by registering online at OregonDentalConference.org



MAILED AND FAXED REGISTRATION FORMS MUST BE RECEIVED BY APRIL 1. After April 1, you must register online at www.OregonDentalConference.org.

CANCELLATION & TRANSFER POLICY: All refund, transfer, and cancellation requests must be submitted to the ODA via email to odc@oregondental.org or written letter by April 2, 2021. A \$25 handling fee will be charged for all tuition refunds. Registration transfers will be accepted for the same year and event without penalty.

NON-DENTAL GUESTS are non-dental attendees who wish to attend CE sessions. Dentists and dental team members must register in the appropriate category. If it is determined that a guest is a dentist, the dentist agrees to reimburse the Oregon Dental Association for the appropriate registration fee, or the registration will be cancelled.

NOTICE OF PHOTOGRAPHY, VIDEO RECORDING, AND COMPUTER SCREENSHOTS: The Oregon Dental Association reserves the right to use any screenshot/ photograph/video taken at any live virtual 2021 Oregon Dental Conference® events without the expressed written permission of those included within the screenshot/ photograph/video. Please see page 60 of the 2021 Preview Program for more information.

CODE OF CONDUCT & ANTITRUST: ODC attendees agree to abide by the Oregon Dental Conference® Code of Conduct & Antitrust policies. Please review full policy before registering at www.oregondentalconference.org

HOW TO REGISTER

WEB www.OregonDentalConference.org

EMAIL FORM TO odc@oregondental.org

MAIL FORM WITH Oregon Dental Assoc.
PAYMENT TO 8699 SW Sun Place

Wilsonville, OR 97070

FAX FORM TO 503.218.2009

No registrations will be accepted by phone.

OREGON DENTAL CONFERENCE® REGISTRATION FORM

LIVE EVENTS: April 8-10 ON DEMAND AVAILABLE THROUGH MAY 15

FIRST NAME _

Save \$25 processing fee by registering online at OregonDentalConference.org

PRIMARY REGISTRANT
I FINIMANT NEGISTINANT

LAST NAME

☐ Check here if this is a continuation from another registration form. If so, simply enter the primary registrant's name in section • and skip to section •.

DEGREE

ADA#			from categories 1 to 3	Section 4	
MAILING ADDRESS (Street	or P.O. Box)		ODA Member Dentist	01	
CITY, STATE, ZIP			ADA Member Dentist	02	
EMAIL			Non-ADA Member Dentist	03	
	FAX		Hygienist	04	
	AME		Dental Assistant	05	
	HONERELAT		Administrative Staff	06	
		YES NO	Lab Tech	07	
1. Do you want to rece	eive mailings from ODC exhibitors?		Non-Dental Guest*	08	
If more than three, please be sur	nts from your office are attending ODC? e to attach photocopies of this form for additional registrants.		Student**	09	
Doctors only	General practitioner [A]	dontics [F]	* Non-Dental Guests are non-dental atte Please see page 1 of this form for full po **PLEASE NOTE: With the exception of complimentary student registrations are require CE, you must register in a paid c	licy. OHSU dental stude NOT eligible to cla	ents a
4 ATTENDEE	INFORMATION & FEE CALC	ULATION Please print or type neatly. processing of your registra		ATEGORY CODE rom Section 3	RE fro
1) LAST NAME Will Registrant 1 attend:	FIRST NAME Thursday's General Session (11:30 Am – 12:	MI DEGREE EMAILADDRESS		CAT. CODE	\$ REG
2)	Thursday's Presidential Toast & Happy Hou Friday's Virtual Game Night (4–6 PM)? ☐ Ye				¢
LAST NAME	FIRST NAME	MI DEGREE EMAILADDRESS		CAT. CODE	REG
Will Registrant 2 attend:	Thursday's General Session (11:30 AM − 12:: Thursday's Presidential Toast & Happy Hou Friday's Virtual Game Night (4–6 PM)? ☐ Ye	ır (5:30–6:30 pm)? □ Yes □ No			
3)	FIRST NAME	MI DEGREE EMAILADDRESS		CAT. CODE	\$ REG
	Thursday's General Session (11:30 AM – 12: Thursday's Presidential Toast & Happy Hou Friday's Virtual Game Night (4–6 PM)? ☐ Ye	30 pm)? □ Yes □ No µr (5:30-6:30 pm)? □ Yes □ No	•	AI. CODE	KEG
ODA reserves the right to adjust or other errors. Registrants who fee will not receive a confirmation	have not paid the appropriate	DTAL FEES FOR REGISTRANTS 1 THROUGH	3 OF THIS SHEET \$	+ \$ 25 processing fee for em faxed/mailed registra	= (ailed/ tions
5 PAYMENT	☐ CHECK (payable to Oregon Dental Association) ☐ MasterCard ☐ Visa	DEADLINES & POLICIES:	SUBMIT REC	SISTRATIO	N F
CARD#	☐ Discover ☐ American Express	APRIL 1, 2021—MAIL/FAX/EMAIL REGI CLOSED: Anyone registering after April 1 register online at oregondentalconference	, must 8699 S	n Dental Asso SW Sun Place ville, OR 9707	
EXPIRATION DATE	CVV#	APRIL 2, 2021—CANCELLATION DEAD	CLINE: EMAIL odc@d	oregondental.c	org
BILLING ZIP CODE	Total Amt \$	All refund, transfer, and cancellation requemust be submitted to the ODA via email to	Credit	card registrati	ons
NAME ON CARD	IT NAME EXACTLY AS IT APPEARS ON CARD	odc@oregondental.org or written letter by 2021. A \$25 handling fee will be charged the refunds. Registration transfers will be accurate.	for all tuition (credit	card registrati	ons
SIGNATURE	INDICATES APPROVAL OF CHARGES TO YOUR ACCOUNT	same year and event without penalty.	WEB www.C)regonDental(Conf

REGISTRANT CATEGORIES & FEES

REGISTRATION CATEGORY Dentists must choose from categories 1 to 3	CODE Enter in Section 4	REGISTRATION FEE
ODA Member Dentist	01	\$250
ADA Member Dentist	02	\$275
Non-ADA Member Dentist	03	\$450
Hygienist	04	\$95
Dental Assistant	05	\$95
Administrative Staff	06	\$95
Lab Tech	07	\$95
Non-Dental Guest*	08	\$95
Student**	09	\$0

no wish to attend CE sessions.

REGISTRATION FEE from Section (3)

REGISTRATION FEE

REGISTRATION FEE

REGISTRATION FEE

SUBMIT	REGISTR	ATION	FORM:

al Association Place R 97070

lental.org gistrations only)

gistrations only)

WEB www.OregonDentalConference.org

ntal students and residents, ble to claim CE credits. If you