



# JDA MEMBER REGISTRATION FORM

PLEASE COMPLETE AND EMAIL TO: [jdaconvention@gmail.com](mailto:jdaconvention@gmail.com)

## JAMAICA DENTAL ASSOCIATION

### 56<sup>TH</sup> ANNUAL CONVENTION

FEBRUARY 12-15, 2020 • MELIA BRACO VILLAGE RESORT, TRELAWNY, JAMAICA

#### CONFERENCE REGISTRATION:

DR/MR./MRS./MISS: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS (mailing): \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

OFFICE/CELL/FAX \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-MAIL (OFFICE AND PERSONAL) \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

**PAYMENT FOR CONFERENCE FEE** may be made Online, by credit card or by certified cheque payable to Jamaica Dental Association. Cheque payments in Jamaican Dollars should be converted, on the date of payment using the latest [Bank of Jamaica Monthly Average Exchange Rate](http://www.boj.org.jm/foreign_exchange/fx_rates_monthly.php) [http://www.boj.org.jm/foreign\\_exchange/fx\\_rates\\_monthly.php](http://www.boj.org.jm/foreign_exchange/fx_rates_monthly.php).

**ADDRESS FOR CHEQUES: (Overseas)** Jamaica Dental Association, KIN1121, P.O. Box 025580, Miami, FL 33102-5580.

**EARLY EARLY BIRD RATE APPLICABLE FOR PARTICIPANTS WHO REGISTER AND PAY IN FULL BEFORE: NOVEMBER 30, 2019 AND EARLY BIRD RATE APPLICABLE BY JANUARY 26, 2020.**

**DO YOU GIVE PERMISSION FOR YOUR CONTACT INFORMATION TO BE SHARED WITH EXHIBITORS?**  YES  NO

#### CONVENTION REGISTRATION FEES 2020

CONVENTION 2020 REGISTRATION FEES FOR JDA MEMBERS				
DESIGNATION	EARLY EARLY BIRD RATES	EARLY BIRD RATES	REGULAR RATES	
	(US\$)	(US\$)	(US\$)	
	<b>ENDS NOVEMBER 30, 2019</b>	<b>ENDS JANUARY 26, 2020</b>		
DENTAL SURGEON	\$450	\$500	\$600	
JDA AFILIATE DENTAL SURGEON	\$500	\$545	\$625	
AUXILIARIES	\$125	\$155	\$185	
HYGIENIST	\$200	\$260	\$285	
HYGIENIST (ONE DAY)	\$75	\$85	\$100	
DENTAL TECHNICIANS	\$200	\$260	\$285	
DENTAL STUDENT	\$100	\$115	\$125	
INTERN/ POSTGRADUATE	\$200	\$235	\$260	
NEW DENTIST	\$200	\$260	\$365	
ONE DAY ONLY	\$250	\$315	\$365	
TWO DAYS ONLY	\$425	\$475	\$500	

Affiliate members are JDA Members who reside and work overseas and do not have a Dental Practice in Jamaica.

\*\*For all One- and Two-Day Registrants – Social Events are not included. Please indicate on the form whether you plan to attend or not.

\*\*\* All students must furnish proof of academic enrollment in order to register. This fee relates to University of the West Indies (UWI) and University of Technology (UTECH) Dental Students only. Graduates for 2019 will be charged the Dental Student rate. Dental Students MUST be paid-up members of the JDA to receive the member rate. Membership dues are J\$2,000.00.

\*\*\*\* Upon presentation of current contract

\*\*\*\*\* This relates to Graduates from 2018 and 2017 and Graduates MUST furnish proof of registration from the Dental Council of Jamaica.

New Dentists MUST be paid-up members of the JDA to receive the member rate. Membership dues are J\$10,000.00.

Any Dentist/Dental Student who has NOT paid 2019 dues MUST include payment (J\$20,000.00/J\$2,000.000) to qualify for the JDA Member registration fee.

**Any Dentist who would like to become a JDA MEMBER (LOCAL DENTISTS) OR JDA AFFILIATE MEMBERS (OVERSEAS DENTISTS), please contact The Dental House at 876-927-9875**

**FULL CONVENTION REGISTRATION FEES INCLUDE:** COFFEE BREAKS AND **TWO** SOCIAL EVENTS PROVIDING THAT THE REGISTRANT IS STAYING ON PROPERTY.

**CONVENTION FEE:** Please click on the one that applies to you:

- JDA MEMBER**   
 **JDA NON-MEMBER**   
 **STUDENT PARTICIPANT**   
 **POST GRADUATES**   
 **DENTAL AUXILIARIES**  
 **DENTAL HYGIENISTS**   
 **DENTAL TECHNICIANS**   
 **NEW DENTIST**   
 **OTHER**

## JDA MEMBER REGISTRATION FORM

PAYMENT AMOUNT				
		# OF PERSONS	US\$ AMOUNT	J\$ AMOUNT
	JDA DUES (where applicable)			
	DENTAL SURGEON			
	ONE DAY ONLY – Dental Surgeon			
	Two DAY ONLY – Dental Surgeon			
	AUXILIARIES (LIST THE NAMES ON PAGE 2)			
	HYGIENIST (LIST THE NAMES ON PAGE 2)			
	ONE DAY ONLY -HYGIENIST			
	TWO DAY ONLY -HYGIENIST			
	DENTAL TECHNICIANS (LIST THE NAMES ON PAGE 2)			
	DENTAL STUDENT			
	INTERN/POST GRADUATE			
	NEW DENTIST			
	<b>GRAND TOTAL</b>			

### CONVENTION DETAILS:

**FOR ACCURATE NUMBERS EACH DAY, PLEASE INDICATE BELOW YOUR ATTENDANCE FOR THE CONVENTION:**

WHAT DAYS WILL YOU ATTEND THE CONVENTION?   
 WEDNESDAY   
 THURSDAY   
 FRIDAY   
 SATURDAY

### SOCIAL EVENTS (FOR FULL REGISTRANTS) IF STAYING ON PROPERTY

WHICH EVENINGS WILL YOU WILL ATTEND THE SOCIAL EVENTS?   
 WEDNESDAY (WELCOME COCKTAILS) - **COMPLIMENTARY**

THURSDAY (CATAMARAN CRUISE) - **\$65.00** PER PERSON

FRIDAY (ALL WHITE BEACH PARTY) – **COMPLIMENTARY**

### SOCIAL EVENTS For all GUESTS AND REGISTRANTS STAYING OFF PROPERTY

WHICH EVENINGS WILL YOU WILL ATTEND THE SOCIAL EVENTS?   
 WEDNESDAY (WELCOME COCKTAILS) - **\$50.00** PER PERSON

THURSDAY (CATAMARAN CRUISE) - **\$100.00** PER PERSON

FRIDAY (ALL WHITE BEACH PARTY) - **\$85.00** PER PERSON

# OF PERSONS STAYING ON-PROPERTY \_\_\_\_\_

# OF PERSONS STAYING OFF- PROPERTY \_\_\_\_\_

### ADDITIONAL COURSES:

HANDS-ON COURSES WILL BE AVAILABLE FOR AN ADDITIONAL FEE OF \$150.00 (DENTAL SURGEONS) AND \$100.00 FOR DENTAL STUDENTS. MORE DETAILS TO FOLLOW.

### CREDIT CARD PAYMENTS:

VISA                                     MASTERCARD

CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

NAME ON CARD (exactly as it appears on the card): \_\_\_\_\_

**CANCELLATION/REFUND POLICY:**

1. **CANCELLATION POLICY:** CANCELLATION REQUESTS **MUST** BE MADE IN WRITING AND POSTMARKED BY FEBRUARY 9, 2020 FOR A PARTIAL REFUND OF 80%.
2. **NO** REFUNDS WILL BE ISSUED FOR CANCELLATION RECEIVED **AFTER** FEBRUARY 9, 2020. PHONE CANCELLATION WILL **NOT** BE ACCEPTED.
3. **REFUND POLICY:** **NO** REFUNDS OR CREDITS WILL BE GIVEN ON SITE. YOU WILL RECEIVE YOUR REFUND WITHIN 30 DAYS POST-CONVENTION.

**HOTEL ACCOMMODATION:**

HOTEL RESERVATION FORMS CAN BE DOWNLOADED ONLINE AT [www.jamaicadentalassociation.org](http://www.jamaicadentalassociation.org).

**OTHER DETAILS:**

NAME OF DENTIST: \_\_\_\_\_

**PLEASE LIST STAFF MEMBERS NAMES BELOW:**

DENTAL ASSISTANT	DENTAL OFFICE STAFF	DENTAL HYGIENIST	DENTAL TECHNICIAN
1.			
2.			
3.			
4.			
5.			

**TOTAL # OF STAFF MEMBERS:** \_\_\_\_\_

**TOTAL AMOUNT SUBMITTED:** \_\_\_\_\_