



# JDA NON-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: \_\_\_\_\_

GUEST: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

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

TELEPHONE: ( ) OFFICE/CELL/FAX \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**PAYMENT FOR CONFERENCE FEE** may be made 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 **OR Fax forms to 876-633-5538**

**EARLY EARLY BIRD RATE APPLICABLE FOR PARTICIPANTS WHO REGISTER AND PAY IN FULL BEFORE: 30 NOVEMBER 2019 AND EARLY BIRD RATE APPLICABLE BY: 21 JANUARY 2020.**

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

### CONVENTION 2020 REGISTRATION FEES

DESIGNATION	EARLY EARLY BIRD – US\$ APPLICABLE <b>BEFORE</b> NOVEMBER 30, 2019	EARLY BIRD FEE – US\$ APPLICABLE <b>BEFORE</b> JANUARY 21, 2020	REGULAR FEE – US\$ APPLICABLE <b>AFTER</b> JANUARY 21, 2020
DENTAL SURGEON	\$675.00	\$785.00	\$875.00
ONE DAY ONLY /TWO DAYS ONLY	\$400.00/\$575.00	\$500.00/\$630.00	\$525.00/\$680.00
DENTAL AUXILIARIES (DENTAL ASSISTANTS/ OFFICE STAFF)	\$300.00	\$340.00	\$365.00
DENTAL HYGIENISTS	\$450.00	\$500.00	\$550.00
DENTAL TECHNICIANS	\$375.00	\$450.00	\$500.00
DENTAL STUDENTS **	\$150.00	\$210.00	\$235.00
POST GRADUATES/INTERN (ADVANCED SPECIALTY AND GENERAL DENTISTRY) ***	\$200.00	\$235.00	\$265.00

\*\* All students must furnish proof of academic enrollment in order to register. \*\*\* Upon presentation of current contract

*Any Dentist who would like to become a JDA MEMBER, please contact The Dental House at 876-927-9875*

**FULL CONVENTION REGISTRATION FEES INCLUDE:** COFFEE BREAKS AND SOME SOCIAL EVENTS PLANNED IN THE EVENING.

**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

	# OF PERSONS	USD AMOUNT	JAD AMOUNT
<input type="checkbox"/> FULL CONVENTION REGISTRATION	_____	_____	_____
<input type="checkbox"/> JDA DUES (where applicable)	_____	_____	_____
<input type="checkbox"/> AUXILIARIES (LIST THE NAMES ON PAGE 2)	_____	_____	_____
<input type="checkbox"/> TECHNICIANS (LIST THE NAMES ON PAGE 2)	_____	_____	_____
<input type="checkbox"/> HYGIENIST (LIST THE NAMES ON PAGE 2)	_____	_____	_____
<input type="checkbox"/> STUDENT/POST GRAD/INTERN	_____	_____	_____
<input type="checkbox"/> NEW DENTISTS	_____	_____	_____
<input type="checkbox"/> <b>GRAND TOTAL</b>	_____	_____	_____

**SOCIAL FUNCTIONS:**

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

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

WHICH EVENINGS WILL YOU WILL ATTEND THE SOCIAL EVENTS?  WEDNESDAY  THURSDAY  FRIDAY

WILL YOUR SPOUSE/ GUEST ATTEND THE RECEPTION FOR AN ADDITIONAL \$75.00 PER EVENT?  YES  NO

IF SO, WHICH DAYS?  WEDNESDAY  THURSDAY  FRIDAY

**CREDIT CARD PAYMENTS:**

VISA  MASTERCARD

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

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

**HOTEL ACCOMMODATION:**

HOTEL RESERVATION FORMS CAN BE DOWNLOADED ONLINE @ [WWW.JAMAICADENTALASSOCIATION.ORG](http://WWW.JAMAICADENTALASSOCIATION.ORG).

**CANCELLATION/REFUND POLICY:**

**CANCELLATION POLICY:** CANCELLATION REQUESTS **MUST** BE MADE IN WRITING AND POSTMARKED BY FEBRUARY 7, 2020 FOR A PARTIAL REFUND OF 80%.

**NO** REFUNDS WILL BE ISSUED FOR CANCELLATION RECEIVED **AFTER** FEBRUARY 7, 2018. PHONE CANCELLATION WILL **NOT** BE ACCEPTED.

**REFUND POLICY:** **NO** REFUNDS OR CREDITS WILL BE GIVEN ON SITE. YOU WILL RECEIVE YOUR REFUND WITHIN 30 DAYS POST-CONVENTION.

**OTHER DETAILS:**

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

**PLEASE LIST STAFF MEMBERS NAMES BELOW:**

DENTAL ASSISTANT	DENTAL OFFICE STAFF	DENTAL HYGIENIST	DENTAL TECHNICIAN

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

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