



JDA MEMBER REGISTRATION FORM

JAMAICA DENTAL ASSOCIATION ANNUAL CONVENTION

FEBRUARY 10, 2019 – THE JAMAICA PEGASUS, KINGSTON

FEBRUARY 13-16, 2019 - MOON PALACE JAMAICA RESORT, OCHO RIOS

CONFERENCE REGISTRATION:

DR./MR./MRS./MISS: _____ LAST NAME: _____ FIRST NAME: _____

OFFICE ADDRESS (mailing): _____

TELEPHONE: () OFFICE/CELL/FAX _____ / _____ / _____

E-MAIL: _____ ORGANIZATION: _____

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. ADDRESS FOR CHEQUES: **(Local)** Jamaica Dental Association, c/o Dr. L Taylor, Shop 1, Monty's Plaza, 26 Old Hope Road, Kingston 5, Jamaica. **EARLY EARLY BIRD RATE APPLICABLE FOR PARTICIPANTS WHO REGISTER AND PAY IN FULL BEFORE: 20 NOVEMBER 2018 AND EARLY BIRD RATE APPLICABLE BY 21 JANUARY 2019.**

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

CONVENTION REGISTRATION FEES 2019

DESIGNATION	EARLY EARLY BIRD – US\$ APPLICABLE BEFORE NOVEMBER 20, 2018	EARLY BIRD FEE – US\$ APPLICABLE BEFORE JANUARY 21, 2019	REGULAR FEE – US\$ APPLICABLE AFTER JANUARY 21, 2019
JDA MEMBERS - DENTAL SURGEON	\$450.00	\$475.00	\$575.00
JDA AFFILIATE MEMBER – DENTAL SURGEON*	\$495.00	\$520.00	\$595.00
ONE DAY ONLY /TWO DAYS ONLY**	\$250.00/\$425.00	\$300.00/\$450.00	\$350.00/\$475.00
DENTAL AUXILIARIES (DENTAL ASSISTANTS/ OFFICE STAFF)	\$125.00	\$150.00	\$175.00
DENTAL HYGIENISTS	\$200.00	\$250.00	\$275.00
DENTAL TECHNICIANS	\$200.00	\$250.00	\$275.00
DENTAL STUDENTS ***	\$100.00	\$110.00	\$120.00
POST GRADUATES/INTERN (ADV. SPECIALTY & GENERAL DENTISTRY) ****	\$200.00	\$225.00	\$250.00
NEW DENTIST *****	\$200.00	\$250.00	\$350.00

* JDA 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 2018 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 2017 and 2016 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.

FULL CONVENTION REGISTRATION FEES INCLUDE: COFFEE BREAKS AND **ALL** 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

	# 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"/> GRAND TOTAL	_____	_____	_____

CONVENTION DETAILS:

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

ALL SOCIAL EVENTS ARE COMPLIMENTARY (FOR FULL REGISTRANTS) IF STAYING AT MOON PALACE JAMAICA GRANDE

WHICH EVENINGS WILL YOU WILL ATTEND THE SOCIAL EVENTS? WEDNESDAY - **\$50.00** PER PERSON FRIDAY - **\$75.00** PER PERSON

OF PERSONS STAYING ON-PROPERTY _____

OF PERSONS STAYING OFF- PROPERTY _____

I WILL ATTEND THE PROGRAM ON SUNDAY 10 FEBRUARY 2019 **Yes**

No

ADDITIONAL COURSES:

TWO HANDS-ON COURSES WILL BE SCHEDULED FOR AN ADDITIONAL FEE OF \$120.00 (DENTAL SURGEONS) AND \$100.00 FOR DENTAL STUDENTS. MORE DETAILS TO FOLLOW.

CREDIT CARD PAYMENT:

VISA

MASTERCARD

CARD NUMBER: _____

EXPIRY DATE: _____

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

HOTEL ACCOMMODATIONS:

HOTEL RESERVATIONS MUST BE BOOKED THROUGH **GO JAMAICA TRAVEL**, CONTACT RESERVATIONS@GOJAMAICATRAVEL.NET

- SUBJECT "JDA". 38A TRAFALGAR ROAD, SHOP 48, PULSE COMPLEX - 813-333-1464 / 876-920-7051 / 876-920-7052 / 906-3946.

CANCELLATION/REFUND POLICY:

CANCELLATION POLICY: CANCELLATION REQUESTS **MUST** BE MADE IN WRITING AND POSTMARKED BY FEBRUARY 4, 2019 FOR A PARTIAL REFUND OF 80%.

NO REFUNDS WILL BE ISSUED FOR CANCELLATION RECEIVED **AFTER** FEBRUARY 4, 2019. 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: _____