



JDA MEMBER REGISTRATION FORM

**JAMAICA DENTAL ASSOCIATION ANNUAL CONVENTION
FEBRUARY 14 – 17, 2018**

HILTON ROSE HALL RESORT & SPA, MONTEGO BAY, JAMAICA

CONFERENCE REGISTRATION:

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

ORGANIZATION: _____

OFFICE 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.

ADDRESS FOR CHEQUES: **(Local)** Jamaica Dental Association, c/o Dr. L Taylor, Shop 1, Monty's Plaza, 26 Old Hope Road, Kingston 5, Jamaica **OR Fax forms to 876-960-1240**
EARLY EARLY BIRD RATE APPLICABLE FOR PARTICIPANTS WHO REGISTER AND PAY IN FULL BEFORE: 20 NOVEMBER 2017 AND EARLY BIRD RATE APPLICABLE BY 21 JANUARY 2018.

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

CONVENTION REGISTRATION FEES 2018

DESIGNATION	EARLY EARLY BIRD – US\$ APPLICABLE BEFORE NOVEMBER 20, 2017	EARLY BIRD FEE – US\$ APPLICABLE BEFORE JANUARY 21, 2018	REGULAR FEE – US\$ APPLICABLE AFTER JANUARY 21, 2018
JDA MEMBERS - DENTAL SURGEON	\$450.00	\$475.00	\$500.00
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	\$275.00	\$300.00	\$325.00
DENTAL TECHNICIANS	\$200.00	\$225.00	\$275.00
DENTAL STUDENTS **	\$100.00	\$110.00	\$120.00
POST GRADUATES/INTERN (ADVANCED SPECIALTY & GENERAL DENTISTRY) ***	\$200.00	\$225.00	\$250.00
NEW DENTIST ****	\$200.00	\$225.00	\$500.00

** 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.

*** Upon presentation of current contract

**** This relates to Graduates from 2016 and 2017 and Graduates **MUST** furnish proof of registration from the Dental Council of Jamaica.

Any Dentist who has NOT paid 2018 dues MUST include payment (J\$20,000.00) in order to qualify for the JDA Member registration fee.

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	JMD 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"/> 1-DAY HANDS-ON WORKSHOP @ USD200.00/DENTIST	_____	_____	_____

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 ATTEND THE RECEPTION FOR AN ADDITIONAL \$50.00 PER EVENT? YES NO

IF SO, WHICH DAYS? WEDNESDAY THURSDAY FRIDAY

CREDIT CARD PAYMENT:

VISA MASTERCARD

CARD NUMBER: _____ EXPIRY DATE: _____

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

HOTEL ACCOMMODATIONS:

HOTEL RESERVATION FORMS CAN BE **DOWNLOADED ONLINE @** WWW.JAMAICADENTALASSOCIATION.ORG.

CANCELLATION/REFUND POLICY:

CANCELLATION POLICY: CANCELLATION REQUESTS **MUST** BE MADE IN WRITING AND POSTMARKED BY FEBRUARY 2, 2018 FOR A PARTIAL REFUND OF 80%.

NO REFUNDS WILL BE ISSUED FOR CANCELLATION RECEIVED **AFTER** FEBRUARY 2, 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: _____