



# 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](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: 15 DECEMBER 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 <b>BEFORE</b> DECEMBER 15, 2017	EARLY BIRD FEE – US\$ APPLICABLE <b>BEFORE</b> JANUARY 21, 2018	REGULAR FEE – US\$ APPLICABLE <b>AFTER</b> 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 2015 and 2016 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"/> L-PRF HANDS-ON WORKSHOP @ USD200.00/DENTIST	_____	_____	_____
<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  FRIDAY

WILL YOUR SPOUSE ATTEND THE WEDNESDAY COCKTAIL RECEPTION FOR AN ADD'L \$35.00 PER EVENT?  YES  NO

WILL YOUR SPOUSE ATTEND THE FRIDAY CRUISE RECEPTION FOR AN ADD'L \$50.00 PER EVENT?  YES  NO

**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](http://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:** \_\_\_\_\_