



JDA NON-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: _____

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.

ADDRESS FOR CHEQUES: (Overseas) Jamaica Dental Association, KIN1121, P.O. Box 025580, Miami, FL 33102-5580 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
DENTAL SURGEON	\$675.00	\$750.00	\$875.00
ONE DAY ONLY / TWO DAYS ONLY	\$400.00/\$575.00	\$475.00/\$600.00	\$500.00/\$650.00
DENTAL AUXILIARIES (DENTAL ASSISTANTS/ OFFICE STAFF)	\$300.00	\$325.00	\$350.00
DENTAL HYGIENISTS	\$450.00	\$475.00	\$525.00
DENTAL TECHNICIANS	\$375.00	\$425.00	\$475.00
DENTAL STUDENTS **	\$150.00	\$200.00	\$225.00
POST GRADUATES/INTERN (ADVANCED SPECIALTY AND GENERAL DENTISTRY) ***	\$200.00	\$225.00	\$250.00

** 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	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"/> GRAND TOTAL	_____	_____	_____

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 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.

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: _____