



152ND CSDA CHARTER OAK DENTAL MEETING

May 10-12, 2017

at 
Mohegan Sun

EXPRESS LUNCH OPTIONS!

Express Lunches are available for pre-purchase for Thursday and Friday and will be served in the Exhibit Hall in our lounge area. Why go out into the casino and deal with a long wait and risk being late to your next session? Relax right in the Convention Center with your friends and colleagues or take it to go if you're pressed for time.

For \$20 each, the following wrap selections are available and include: a whole fresh fruit, an individual bag of chips, a salad (home style potato salad, creamy coleslaw or vegetable couscous), a dessert (jumbo chocolate chip cookie, jumbo oatmeal raisin cookie, obnoxious brownie or lemon bar) and a beverage (soft drink or bottled water).

Italian Deli Mortadella, Genoa Salami, Sweet Capicola Ham and Sliced Provolone Cheese with Lettuce, Tomato, Crushed Oregano and Olive Oil on a Plain Wrap

Chicken Caesar Salad on a Plain Wrap

Turkey BLT on a Whole Wheat Wrap

Marinated Portabella Mushroom and Fresh Mozzarella Cheese with Roasted Tomato Aioli on a Red Pepper Wrap

**SEE REVERSE
FOR REGISTRATION
FORM**

How To Register: *Online is the best way to secure your spot.*

Online: Go to the "Annual Meeting" page of CSDA.com to complete your registration. It's fast, easy and secure.

By mail: Complete the reverse side of this form and mail it with payment in full to: ExpoTrac, c/o CSDA, P. O. Box 1280, Woonsocket, RI 02895.

Confirmation: *Register online to receive an immediate confirmation.*

Registering online will provide you with an instant e-mail confirmation. This method will also give you the benefit of knowing if any of the courses or events you want are sold-out allowing you the opportunity to make alternate selections right then and there. If you register by mail you will receive an e-mail confirmation within two weeks as long as you provide a valid e-mail address. You will be notified by phone if any of the courses or events you selected are sold-out.

Deadlines: *Registration fees increase after April 1st.*

"Early bird" registrations must be received by Saturday, April 1st. As long as you register by this date, you can take advantage of discounted registration fees. In order to receive your meeting credentials in advance allowing you to bypass the registration desk on-site, your registration must be received by Friday, April 28th. Registrations received after this date will require on-site pick-up. Each year we have several sell-outs - early registration is strongly encouraged.

Tickets: *All courses and events are ticketed.*

All courses and events require pre-registration and a ticket to get in. Please refer to the "Schedule-at-a-Glance" for a complete ticket price list.

Hotel Reservations: *Make your reservations online or by phone.*

A limited amount of rooms have been blocked off for the CSDA at a group rate of \$169 (plus tax) until Wednesday, April 19th. You can make hotel reservations online using the link on the "Annual Meeting" page of CSDA.com or by calling 1-866-708-1340 and mentioning group code "CSDA17". A limited number of suites are available for only \$50 more per night!

Cancellation Policy: *Deadline to cancel is April 12th.*

All requests for registration cancellations/refunds must be made in writing and received no later than April 12th. A \$25 cancellation fee will be applied to requests received by this date. After this deadline, no refunds will be granted.



REGISTRATION FORM

Please Print:

ONE REGISTRANT PER FORM
(You can duplicate this form for additional registrants)

Full Name: _____

DMD DDS Specialty: _____

(if applicable): ADA #: _____ AGD #: _____

Office Name: _____

Mailing Address: _____

(This is where your registration materials will be mailed to. No PO Boxes please.)

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

(Please be sure to provide an e-mail address to receive a confirmation and other important information.)

REGISTRATION FEES

	Early	After 4/1
<input type="checkbox"/> Dentist - 1 st Year CSDA Member	no fee	\$40
<input type="checkbox"/> Package Program Member	no fee	\$40
<input type="checkbox"/> CSDA Allied Member	no fee	\$40
<input type="checkbox"/> Dental Resident/Student*	no fee	\$20
<input type="checkbox"/> CSDA Retired Life Member	no fee	\$40
<input type="checkbox"/> CSDA Member Dentist	\$55	\$75
<input type="checkbox"/> ADA Member Dentist	\$75	\$95
<input type="checkbox"/> Non-ADA Member	\$195	\$215
<input type="checkbox"/> Hygienist	\$40	\$60
<input type="checkbox"/> Dental Assistant	\$40	\$60
<input type="checkbox"/> Dental Office Staff	\$40	\$60
<input type="checkbox"/> Lab Owner/Tech	\$40	\$60
<input type="checkbox"/> Guest/Spouse	\$40	\$60
Guest/Spouse of: _____		

*A copy of your student ID or a letter from a department head verifying your status must accompany your registration.

Wednesday, May 10th

NOTE FOR DENTISTS ONLY: Non-ADA Members must pay an additional \$20 for all courses.

Course Code: _____ Speaker's Last Name: _____ Ticket Price: \$ _____

Please register me for the Opening Night Party at The Lansdowne Pub (\$25 per person)

Thursday, May 11th

Course Code: _____ Speaker's Last Name: _____ Ticket Price: \$ _____

Course Code: _____ Speaker's Last Name: _____ Ticket Price: \$ _____

Course Code: _____ Speaker's Last Name: _____ Ticket Price: \$ _____

Course Code: _____ Speaker's Last Name: _____ Ticket Price: \$ _____

Course Code: _____ Speaker's Last Name: _____ Ticket Price: \$ _____

I would like to purchase an Express Lunch for Thursday (\$20) **Please select:** Italian Chicken Casesar Turkey BLT Portabella

Please register me for the New Dentist Happy Hour at Margaritaville (no fee)

Please register me for the Dinner/Dance Party (\$55 per person) Please reserve a table of 10 for my office for the Dinner/Dance Party (\$50)

Reserved sign should read: _____

Friday, May 12th

Course Code: _____ Speaker's Last Name: _____ Ticket Price: \$ _____

Course Code: _____ Speaker's Last Name: _____ Ticket Price: \$ _____

I would like to purchase an Express Lunch for Friday (\$20) **Please select:** Italian Chicken Casesar Turkey BLT Portabella

I am interested in learning more about moderating courses I am registering for in exchange for a refund of tickets fees.

TOTAL AMOUNT DUE:

(Including registration fee)

\$ _____

Please Note: The CSDA reserves the right to verify registration type. If necessary, you will be contacted to address any discrepancies.

PAYMENT INFORMATION:

Check enclosed (made payable to CSDA) -or- MasterCard Visa Amex

Card # _____ Expiration: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Amount to charge: _____ Signature: _____

Mail Completed Form & Payment to: ExpoTrac, c/o CSDA, P.O. Box 1280, Woonsocket, RI 02895

For questions regarding your registration, contact ExpoTrac at (401) 766-4142. All other questions, contact the CSDA at (860) 378-1800 or visit CSDA.com.