



JAMAICA DENTAL ASSOCIATION REGISTRATION FORM

NATIONAL ANNUAL CONVENTION
FEBRUARY 11th – 15th, 2009

Title: (Dr./Mr./Mrs./Miss) _____
 Last Name: _____ First Name: _____
(Please Print) (Please Print)

Office Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Business Phone: (_____) _____ Fax: (_____) _____

E-mail: _____

Status: Dentist [] Lecturer [] Dental Hygienist [] Dental Assistant [] Dental Office Staff [] Dental Technician []
 Dental Student [] Advanced Specialty/General Dentistry Post Grads [] Other []
 Attending Alone: Yes [] No [] Accompanied By: _____

PAYMENT INFORMATION

1. Registration Fee: _____ \$US
 2. Gala Night: (\$85) _____ \$US
 3. Golf Tournament (\$100) _____ \$US
 4. Hands on Courses: (A) _____ \$US
 US\$100 per course (B) _____ \$US
 5. Subtotal for Staff _____ \$US
TOTAL PAYMENT: _____ \$US

Registration Fees:

Before January 15th, 2009 After January 15th, 2009

Dentist	\$400.00	\$580.00
Dental Hygienists, Assistants, Office Staff	\$200.00	\$300.00
Dental Technicians	\$250.00	\$350.00
Dental Students **	\$50.00	\$100.00
Postgraduates **	\$100.00	\$200.00

*Above fees include: Scientific programme, Exhibit hall and Gala night Ticket. ** Gala night ticket not included.*

HANDS ON COURSES:

- A: Dental Bleaching. (limited 30 persons)
- B. Uncle Joe's One Step Impression System for Dentures, Partials & Implant Overdentures (limited to 40 persons)

Provide Credit Card Information Below:

Visa [] MasterCard [] **AMEX CARDS NOT ACCEPTED**

Credit Card #: _____

Expiration Date: _____

CVS Code: _____ (3 digit security code on back of card)

SIGNATURE: _____

A Credit Card Registration received WITHOUT A SIGNATURE CANNOT BE PROCESSED.

Credit Card Registration MUST Be Faxed To: (876) 968-0120

Mail: Registration Form with cheque to :

**Jamaica Dental Association
 c/o Dr. L. Taylor
 KIN 1121
 P. O. Box 025580
 Miami, Florida 33102-5580**

**Further Inquires:
 Dr. Lorraine Cawley-Gordon
 Courtleigh Corporate Center
 phone (876) 9265554
 fax: (876) 9207582
 email: lori_caw@yahoo.com**

Payment must accompany this registration form and be postmarked by: **January 15th, 2009** to receive the pre-registration fee. Persons not registered by **January 15, 2009**, will be charged the on-site fee. Sorry **NO exceptions. Hotel Reservation Forms are available on our website : www.jamaicadentalassociation.com and SHOULD BE FAXED directly to the Sunset Jamaica Grande Resort & Spa, Ocho Rios, Jamaica at: (876) 974 2162 / 2289.**

CANCELLATION POLICY: Cancellation requests **MUST** be made in writing and postmarked by **January 15, 2009** for a **Partial Refund of 80%**. No refunds will be issued for cancellations received after January 15, 2009. Phone cancellations will not be accepted.

REFUND POLICY: No refunds or credits will be given on site. You will receive your refund within 30 days after the convention.

