

KYDHA ADVANCING LIFELONG LEARNING CONFERENCE

March 9 & 10, 2018

Marriott Louisville EAST Hotel

1903 Embassy Square Blvd, Louisville, KY 40299

Registration Form

You may also register online with secure credit card processing at www.kydha.org

Last Name _____ First Name _____
 Home Address _____ City _____ State _____ Zip _____
 Cell Phone (____) _____ ADHA Member # _____
 Email address (required to receive confirmation of registration & CE certificate): _____

You must sign up and pay for courses at the same time you register. We cannot accept this form or online registration for “registration only.” This is necessary in order for us to make appropriate room arrangements and plan for meals. Your cooperation is appreciated. **CE certificates will be emailed to you. KYDHA House of Delegates—Friday, March 9 at 8:00am– Delegates RSVP to KYDHA Trustee**

DATE/TIME	ACTIVITY / COURSE DESCRIPTION	CE POINTS	ADHA MEMBER	RDH NON-MEMBER DENTIST TEAM MEMBER
Postmarked or online by February 9, 2018	Early Bird Registration Fee / Includes Exhibits (does NOT include course fees)	1 CE pt	<input type="checkbox"/> \$5	<input type="checkbox"/> \$10
Postmarked or online by February 23, 2018	Advance Registration Fee / Includes Exhibits (does NOT include course fees)	1 CE pt	<input type="checkbox"/> \$25	<input type="checkbox"/> \$45
DO NOT mail or register online after February 23, 2018	On-Site Registration Fee / Includes Exhibits (does NOT include course fees)	1 CE pt	<input type="checkbox"/> \$40	<input type="checkbox"/> \$55
FRIDAY, March 9 8:00 a.m. to 11:00 a.m.	“The Sick Generation— Sipping, munching, crunching couch potato kids” Anne Guignon, RDH, MPH, CSP Includes Continental Breakfast	3 CE pts	<input type="checkbox"/> \$45	<input type="checkbox"/> \$75
FRIDAY, March 9 11:00 a.m. to 2:00p.m.	“Advancements in Dental Hygiene” Product Review & Awards Lunch [11:00] Includes Box Lunch [served at 12:00] KYDHA Past Presidents are Free Exhibits & Student Table Clinics [1:00]	3 CE pts	<input type="checkbox"/> \$40 <input type="checkbox"/> Vege Lunch <input type="checkbox"/> Past President	<input type="checkbox"/> \$50 <input type="checkbox"/> Vege Lunch
FRIDAY, March 9 2:00p.m. to 5:00p.m.	“Good News...Bad News! How to partner with Mother Nature and achieve optimal oral health outcomes” Anne Guignon, RDH, MPH, CSP	3 CE pts	<input type="checkbox"/> \$45	<input type="checkbox"/> \$75
SATURDAY, March 10 900 a.m. to 12:00 p.m.	“Aligning your instrumentation skills and preserving your professional career” Lillian Caperila, RDH, BSDH, M.Ed. Includes Continental Breakfast	3 CE pts	<input type="checkbox"/> \$45	<input type="checkbox"/> \$75
FEE Computation	ENTER TOTAL AMOUNT OWED (registration AND course fees)		\$ _____	\$ _____

Return this form with payment to: KYDHA 2300 Cleary Ct. Louisville, KY 40245
Make check payable to KYDHA. For credit card payment, register & pay online or provide all required information below.

- Seating is limited and on-site registration may not be available. Advance registration is appreciated.
- ADHA Member Number Required (above) to receive member rates.
- **NO REFUNDS** for registration, courses or meals.
- **Confirmation will be sent only if your email address is provided.** Otherwise, cancelled check is your receipt. Keep a copy of this form for your records.

Charge my: Visa MasterCard *(American Express/Discover not accepted)*
 Name on Card _____
 Card Number _____ Code _____
 Expiration Date _____ Signature _____
 Address where you receive bill for this card (with zip code): _____

FOR OFFICE USE ONLY:
 Amount Paid \$ _____
 Check # _____
 Note _____