

Wednesday, Nov. 15 – Friday, Nov.17, 2017

Registration

2017 Special Care Advocates in Dentistry

Marriott Springhill Suites, 117 Hendersonville Road • Ashville, North Carolina 28803

Note: You may register online, www.saiddent.org or complete one paper registration form per person. One check can be provided for all. Please make check payable to **S.A.I.D**. and mail to: **Kristi Collins, DDS,** 105 North Jefferson Street • Saluda, South Carolina 29138

Please Print:					
NAME: PREFERRED BADGE FIRST NAME:					
ADDRESS:					
TELEPHONE:(Preferred):C	ELL:	Email:			
Category:			Early	Regular	
Dentist Member			\$215.	\$240.	\$
Non-Dentist Member			\$115	\$140	\$
Dentist One-Day					
Thursday or Friday (Indicate day you pl	an to attend:)	\$125	\$150	\$
Non-Dentist One-Day					
Thursday or Friday (Indicate day you pl	an to attend:)	\$95	\$120	\$
Student Resident					
Fee for one day or all days			\$75	\$100	\$
**Membership Dues; Dentist					
Dentist annual dues			\$50	\$50	\$
**Membership Dues; Auxiliary					
Auxiliary (non-dentist) annual dues			\$25	\$25	\$
*Wednesday evening board meeting dinr	ner			\$15	\$
*Wednesday evening board meeting required reservations! Als	o, please let Risa know if yo	u have dietary restriction	s.)		
**Please only send dues, if NOT attending!				Total	\$

Important meeting information: Registration fees include ALL break refreshments, President's Reception on Thursday and business luncheon on Thursday and Friday.



Total CE hours offered: 13.5hours. SAID is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal education programs of this program provider are accepted by AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 6/1/2015 to 5/31/2018. Provider ID #: 210875.