



ADHA 2020 ANNUAL CONFERENCE

ERNEST MORIAL CONVENTION CENTER | FRIDAY JUNE 12 - SUNDAY JUNE 14

Registration Form

Please print legibly using one form per person. Incomplete forms will not be accepted. Please answer all questions. Questions? (312) 440-8900

First Name	MI	Last Name	Credentials	<input type="checkbox"/> Yes <input type="checkbox"/> No ADHA Member?	If Yes, ADHA Member ID#
Title			Company Affiliation		
Address		City	State	Zip	
Phone Number	<input type="checkbox"/> Mobile	<input type="checkbox"/> Home	<input type="checkbox"/> Business		
Email Address					

Full Conference: (Check your selection) – Access to General Sessions, CE Lectures & Labs, Exhibit Hall, Posters, House of Delegates/Business Meeting Activities & Evening Events.

Attendee Category	1/15 – 3/8	3/9 – 4/26	4/27 – 6/14
<input type="checkbox"/> Member	\$299	\$349	\$399
<input type="checkbox"/> Non-Member	\$499	\$549	\$599
<input type="checkbox"/> HOD Only*	\$200	\$250	\$300
<input type="checkbox"/> Retired**	\$145	\$195	\$245
<input type="checkbox"/> Student**	\$125	\$125	\$125

*This category is for House of Delegates/Business Meeting activities only. No CE credit given

** Must be an ADHA member to receive rate. No CE credit given.

Daily Pass: (Check your selection) - Access to General Session, CE Lectures & Labs, Exhibit Hall, Posters & Evening Events for that specific day. Excludes Crest Oral-B Breakfast. You can select multiple daily passes.

Attendee Category	1/15 – 3/8	3/9 – 4/26	4/27 – 6/14
<input type="checkbox"/> Daily Pass: Member	\$145	\$195	\$245
<input type="checkbox"/> Daily Pass: Non-Member	\$195	\$245	\$295

Check the Day/Days you wish to attend: Friday, 6/12 Saturday, 6/13 Sunday 6/14

Exhibit Hall Only: – This is a one-day pass to the Exhibit Hall only. CE credits are **NOT** available for this registration category. You can select multiple day passes.

Attendee Category	1/15 – 3/8	3/9 – 4/26	4/27 – 6/14
<input type="checkbox"/> Exhibit Hall Only	\$75	\$75	\$100

Check the Day/Days you wish to attend: Friday, 6/12 Saturday, 6/13

Add-ons:

Guest Badges – Access to the General Sessions, Exhibit Hall & Posters only. CE credits are **NOT** available for this registration category. \$50.00 each x _____ (# of Guests)

Guest Name(s): _____

Award for Excellence/President's Dinner Tickets – Saturday, June 22, 8:00 -11:00 p.m. at the Hilton Riverside Hotel (Grand Ballroom) \$100.00 each x _____ (# of tickets)
\$65.00 each x _____ (# of tickets) – this price is only for Board of Trustee, Delegate, Past President, Retired & Student categories

IOH Donation – ADHA's Institute for Oral Health (IOH) provides scholarships and grants to eligible ADHA members.
\$ _____

Registration Category Fee: \$ _____ (this is the registration category you selected)

Add-on Registration Fees: \$ _____ (this includes Guest Badges, Award for Excellence/President's Dinner tickets and IOH Donations)

Total Registration Fees: \$ _____ (this total is your registration category and any additional registration fees)



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Do you need special accommodations due to disability health concerns or physical challenges? Yes, _____ No

Do you have any dietary allergies? Yes, _____ No

Do you have a smart phone? Yes No

If Yes, what type? Apple iPhone Android Blackberry Windows Other: _____

Do you wish to receive promotional materials/emails from Exhibitors? Yes No

By selecting NO, your name will be removed from mailing lists.

Emergency Contact Name: _____ Emergency Contact Number: _____

How many years have you attended ADHA's Annual Conference? (years) 1st yr. 2-5 6-10 11-15 16-20 21+

How long have you been a dental hygienist? (years) 0-2 3-5 6-10 11-15 16-20 21-25 26+ Semi-Retired Retired

How did you learn about ADHA 2020?

- Post Card
- Email
- Access Magazine
- Social Media
- Preliminary Event Guide
- Colleague/Co-worker
- ADHA Website
- State/Local Meeting or Newsletter

What of the following areas of dental hygiene are you involved in?

- Clinical dental hygiene
- Education
- Research
- Corporate
- Administration/management
- Other: _____
- Student
- DSO
- Public Health
- Self-employed

What is your primary reason for attending ADHA 2020?

- Obtain CE Credits
- Networking with Colleagues
- Products and Services
- Professional Development
- Other: _____

Do you have purchasing authority for your dental office?

Yes No

Do you have influence in the purchasing decisions?

Yes No

Do you see Professional Sales Representatives?

Yes No

What is your age group?

- Under 30
- 31 - 40
- 41 - 50
- 51 - 60
- 61+

What is the highest degree you have attained?

- Currently a Student
- Certificate/diploma
- Associate's
- Bachelor's
- Master's
- Post Master's certificate
- Doctoral degree

Registration Cancellation Policy

Cancellation requests may only be submitted in writing (email/mail only) by **Friday, May 8, 2020**. A \$75 administrative fee will be applied to the full conference registration categories. A \$25 administrative fee will be applied to the Retired, HOD Only, Student, and Daily Pass registration categories. Refunds will not be eligible to Exhibit Hall Only, Guest badges, IOH Donations or the President's Reception. Please allow 7-10 business days for refunds to be processed. Credit card registrations will be refunded to the original credit card. No refunds will be accepted or granted including absences to illness, weather, late arrivals, parking difficulties, or other reasons. **Refund requests after May 8, 2020 will not be processed.**

Payment by Check: Must arrive no later than **May 8, 2020**.

Full registration payment must accompany your registration form.

Mail checks to:

ADHA Registration
444 N. Michigan Ave, Suite 400, Chicago, IL 60611

Credit Cards will be charged immediately.

Visa MasterCard Discover American Express

Card Number: _____

Name as it appears on the card _____

Expiration Date _____ Security Code _____

Signature _____

By signing this form: I authorize ADHA's registration company to charge my credit card for the total payment due, acknowledge that the ADHA registration cancellation policies are in effect and grant ADHA the right to use photos that are taken at ADHA20 which include me in promotional materials for future

Register by Phone: (972)349-5877

Online: <http://www.adha2020.org/>

Email: adha@mcievents.com

Fax: (972) 349-7715