Greater New York Dental Meeting

November 27 - December 2

Pre-Registration Form

GREATER NEW YORK DENTAL MEETING 2020

1 PRIMARY REGISTRANT (Print or Type) One Form Is Necessary For Each Office

First Name M.I. Last Name

Complete Mailing Address (❍ Office ❍ Home)

City State Zip Code/Postal Code

Country

E-mail

❍ Check here if this is your first time attending the Greater New York Dental Meeting

Age Groups
❍ Under 24
❍ 24-29
❍ 30-34
❍ 35-39
❍ 40-50
❍ 51-60
❍ 61-70
❍ 71+

❍ Check here if member of AGD

Specialty

Telephone Number

Fax Number

EMERGENCY CONTACT

Name

Telephone Number

2 ADDITIONAL REGISTRANT(S) Staff, Family, etc (Print or Type)

First Name M.I. Last Name	Registration Type	Course # / Fee	Course # / Fee	Total
		CEPASSOPTION * ❍ Passport/$ 645.00	/$	$
		CEPASSUNL * ❍ Passport/$ 945.00	/$	$
		CEWORKUNL * ❍ Passport/$ 995.00	/$	$
		/$	/$	$
		/$	/$	$
		/$	/$	$
		/$	/$	$
		/$	/$	$

*** ALL CE PASSPORT COURSES MUST BE REGISTERED IN ADVANCE**

Grand Total $

3 REGISTRATION TYPE

			Fee	Credentials Needed
❍	DN	U.S. ADA Member	No Fee	ID
❍	UN	U.S. Non-ADA Member	No Fee	ID
❍	RG	Resident/Graduate Student	No Fee	Hospital ID
❍	DS	Dental Student	No Fee	School ID
❍	ID	International Dentist	No Fee	ID
❍	IR	International Resident	No Fee	School ID
❍	IS	International Dental Student	No Fee	School ID
❍	RH	Hygienist	No Fee	ID
❍	HS	Hygienist Student	No Fee	School ID
❍	CA	Assistant Certified	No Fee	DANB Card
❍	DA	Assistant	No Fee	ID
❍	AS	Assistant Student	No Fee	School ID
❍	CT	Technician Certified	No Fee	Business Card
❍	DT	Technician	No Fee	Business Card
❍	TS	Technician Student	No Fee	School ID
❍	ST	Administrative Staff	No Fee	Sponsor
❍	NE	Non-Exhibiting Dental Trade	$125	Business Card
❍	MD	Medical Doctor	No Fee	ID
❍	PH	Physician	No Fee	ID
❍	RN	Nurse	No Fee	ID
❍	NS	Nursing Student	No Fee	ID
❍	PS	Pre-Dental Student	No Fee	ID
❍	TH	Dental Therapist	No Fee	ID
❍	ED	Educator	No Fee	ID

4 PAYMENT METHOD

❍ Cash/Money Order ❍ Visa ❍ MasterCard ❍ American Express

Credit Card Number *CVV* *Expiration Date*

Name (As it appears on card)

Signature (Indicates approval for charges to your account.)

Cancellation/Refunds Policy: Program ticket request for refunds must be in writing and postmarked no later than **November 13, 2020.** Tickets/Badges must be included with the cancellation/refund request. Refunds requested after this date will not be granted, including requests based on absence due to illness, late arrival for courses, weather and/or parking difficulties. A $20.00 processing fee will be deducted from all refunds.

Refunds will be mailed by February 2021. If you have paid by check for a course which has been sold out, you will automatically receive a refund by February 2021.

5 MAIL OR FAX REGISTRATION FORM ALONG WITH PAYMENT TO:

GREATER NEW YORK DENTAL MEETING
Wyndham Jade LLC, dba MCI USA
P. O. Box 840907
Dallas, TX 75284-0907
T: 800-830-6147 (Toll Free Domestic)
T: 972-349-5931 (International)
F: 972-349-7715
E-mail: gnydm@mcievents.com
On-line Registration - **WWW.GNYDM.COM**

If you fax your registration form
DO NOT ALSO MAIL IT
This will result in duplicate registration and charges.

ADVANCED REGISTRATION DEADLINES

Registrations received after 11/13/20 **will be** processed **but not** mailed and can be picked up on-site. On-line registration will be accepted until 12/2/2020. If you register on-site, or after 11/26/2020, a $40.00 administrative fee will be assessed.

All credit card transactions are processed in U.S. dollars and are subject to the current exchange rates.

RETURNED CHECKS ARE SUBJECT TO A $40.00 FEE.

NO CHECKS ARE ACCEPTED ON-SITE.