

REGISTRATION FORM

Please print legibly using one form per person, incomplete forms will not be accepted. Please provide answers to all questions. Email meetings@adha.net with any questions.

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

Registration Packages & Fees:

Please select ONE Registration Package and ONE attendee category below:

Flossy VIP – BEST VALUE!

Includes Priority Class Pass (register for courses one week before they open to all registrants), Access to General Session, VIP Seating at General Session, Education Sessions (Lectures, Hands-On Labs, Lunch & Learns, Product Presentations), Exhibit Hall, Educators' Workshop, Lunch Voucher (Saturday & Sunday), Award for Excellence & President's Dinner, (1) Guest Pass, (2) After ark Drink Tickets, & Networking Events. **This package is only available until 8/15. Students & New Professionals are not eligible for this package.**

(Check your selection)

Attendee Category	5/7 – 8/15
<input type="checkbox"/> Member/Delegate	\$769
<input type="checkbox"/> Non-Member	\$869
<input type="checkbox"/> Retired** (No CE)	\$769
<input type="checkbox"/> Military	\$769

** Must be a current ADHA member to receive rate. No CE credit will be given.

Hygiene Weekend – Saturday & Sunday Only

Includes Access to General Session, Education Sessions (Lectures, Hands-On Labs, Lunch & Learns, Product Presentations), Exhibit Hall & Limited Networking Events

(Check your selection)

Attendee Category	5/7 – 8/15	8/16 – 10/6
<input type="checkbox"/> Member/Delegate	\$299	\$399
<input type="checkbox"/> Non-Member	\$499	\$599
<input type="checkbox"/> Student	\$150	\$150
<input type="checkbox"/> New Professional	\$150	\$150
<input type="checkbox"/> Retired** (No CE)	\$299	\$399
<input type="checkbox"/> Military	\$299	\$399

Exhibit Hall Only

This is a one-day pass to the Exhibit Hall only, you can select multiple day passes. **CE credits are NOT available for this registration category. Students & New Professionals are not eligible for this package.**

(Check your selection)

Attendee Category	5/7 – 10/6
<input type="checkbox"/> Member/Delegate	\$100
<input type="checkbox"/> Non-Member	\$100
<input type="checkbox"/> Retired** (No CE)	\$100
<input type="checkbox"/> Military	\$100

Check the Day/Days you wish to attend:

☐ Saturday, 10/4 ☐ Sunday, 10/5

Prevention Pro – MOST POPULAR!

Includes Access to General Session, Education Sessions (Lectures, Hands-On Labs, Lunch & Learns, Product Presentations), Exhibit Hall, Lunch Voucher (Saturday & Sunday) & Networking Events.

(Check your selection)

Attendee Category	5/7 – 8/15	8/16 – 10/6
<input type="checkbox"/> Member/Delegate	\$429	\$529
<input type="checkbox"/> Non-Member	\$629	\$729
<input type="checkbox"/> Student	\$185	\$185
<input type="checkbox"/> New Professional	\$185	\$185
<input type="checkbox"/> Retired** (No CE)	\$399	\$499
<input type="checkbox"/> Military	\$399	\$499

** Must be a current ADHA member to receive rate. No CE credit will be given.

Daily Pass

Includes Access to General Session, CE Lectures & Labs, Exhibit Hall & Evening Events for that specific day. You can select multiple days.

(Check your selection)

Attendee Category	5/7 – 8/15	8/16 – 10/6
<input type="checkbox"/> Member/Delegate	\$195	\$265
<input type="checkbox"/> Non-Member	\$265	\$365
<input type="checkbox"/> Student	\$85	\$85
<input type="checkbox"/> New Professional	\$85	\$85
<input type="checkbox"/> Retired** (No CE)	\$195	\$265
<input type="checkbox"/> Military	\$195	\$265

Check the Day/Days you wish to attend:

☐ Saturday, 10/4 ☐ Sunday, 10/5 ☐ Monday, 10/6

Registration Category Fee Total: \$

(This is the registration category you selected)

Add-On's

☐ **Guest Badges**

Includes Access to the General Session, Exhibit Hall and Select Networking Events only. CE credits are NOT available for this registration category.

\$100.00 each x _____ (# of Guests); Guest Name(s): _____

☐ **Lunch Vouchers**

\$15.00 each x _____ (# of Vouchers)

Fundamental of Dental Technology - Digital Intraoral Scanning: Friday, October 3, 8:30 AM – 12:30 PM

Includes: Breakfast, Morning Break, & Box Lunch.

☐ **Member:** \$175.00

☐ **Non-Member:** \$225.00

Educators' Workshop: Friday, October 3, 1:00 PM – 5:00 PM

☐ **Member:** \$75.00 (Workshop Only)

☐ **Non-Member:** \$75.00 (Workshop Only)

Contemporary Ultrasonic Instrumentation: Integrating Technology in Navigating the Biofilm Frontier: Friday, October 3, 1:30 PM – 5:30 PM

Includes: Box Lunch & Afternoon Break

☐ **Member:** \$250.00

☐ **Non-Member:** \$300.00

☐ **Sunrise Yoga:** Saturday, October 4, 6:30 AM – 7:15 AM

\$20.00 Each x _____ (# of Tickets)

☐ **Awards Reception:** Saturday, October 4, 12:00 PM – 1:30 PM

\$100.00 Each x _____ (# of Tickets)

☐ **Sound Bath:** Sunday, October 5, 6:00 AM – 6:45 AM

\$20.00 Each x _____ (# of Tickets)

☐ **Award for Excellence & President's Dinner Tickets:** Sunday, October 5, 7:00 PM – 8:30 PM at the Long Beach Convention Center

\$175.00 Each x _____ (# of Tickets)

\$125.00 each x _____ (# of Tickets)

Only for Board of Directors, Delegate, Past President, Retired & Student categories.

☐ **After Dark Party – Drink Tickets:** Sunday, October 5, 8:45 PM – 11:00 PM at the Long Beach Convention Center

Drink Tickets \$15.00 Each x _____ (# of Tickets)

☐ **ADHA Foundation Donation:** ADHA Foundation provides scholarships and grants to eligible ADHA members.

Donation Amount \$ _____

Add-on Registration Fees Total: \$ _____

(This includes Guest Badges, Award for Excellence & President's Dinner tickets and ADHA Foundation Donations)

Total Fees: \$ _____

*This is the amount you are responsible for paying in full.

(This is your grand total – Take your registration category fee + any additional registration fees)

Registration Questions

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

Do you have any dietary allergies? ☐ Yes, _____ ☐ No

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: _____

Are you interested in the Wellness Challenge? ☐ Yes ☐ No

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 ADHA25?

- ☐ Email
- ☐ Social Media
- ☐ Event Mailer
- ☐ Colleague/Co-worker
- ☐ ADHA Website
- ☐ State/Local Meeting or Newsletter

What is your primary reason for attending ADHA25?

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

What is your age group?

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

Which of the following areas of dental hygiene are you involved in? (Check all that apply)

- ☐ Clinical Dental Hygiene
- ☐ Education
- ☐ Research
- ☐ Corporate
- ☐ Retired
- ☐ Military
- ☐ Administration/Management
- ☐ Other: _____
- ☐ Student
- ☐ DSO
- ☐ Public Health
- ☐ Self-employed

What is the highest degree you have attained?

- ☐ Currently a Student
- ☐ Certificate/Diploma
- ☐ Associate's
- ☐ Bachelor's
- ☐ Master's
- ☐ Post-Graduate Certificate
- ☐ Doctoral degree

Do you have purchasing authority for your dental office?

☐ Yes ☐ No

Do you have influence on purchasing decisions?

☐ Yes ☐ No

Does your office see Professional Sales Representatives?

☐ Yes ☐ No

REGISTRATION CANCELLATION POLICY

We understand that things happen, and sometimes you need to cancel. Eligible cancellations must be processed by **Friday, August 29, 2025**. Please see cancellation policy and eligibility below:

- A \$75 administrative fee will be charged at the time of cancellation for Flossy VIP, Prevention Pro, and Hygiene Weekend registration packages (ADHA Members/ Nonmembers).
- A \$25 administrative fee will be charged at the time of cancellation for Student, Retired and Daily Pass registrations.
- Exhibit Hall Only, Guests, ADHA Foundation Donations, Awards Reception tickets, After Dark Evening Event drink tickets, Sunrise Yoga tickets, Sound Bath tickets, and President's Dinner tickets **are not eligible for refunds at any time**.
- Cancellation requests received after the deadline will not be processed.
- Cancellation requests must be received in writing, either by email to meetings@adha.net or by mail to the address below. **Requests cannot not be accepted over the phone.**

Mailing address:

American Dental Hygienists' Association
Attn: Meetings Team
444 N. Michigan Ave. Suite 400
Chicago, IL 60611

Payment Options

Check:

Full registration payment must accompany your registration form. Check and completed registration form must arrive no later than **Friday, August 29, 2025**

Mail checks to:

**American Dental Hygienists' Association
ADHA25 Registration
PO Box 809215
Chicago, IL 60680-9215**

Credit Card:

Credit Cards will be charged immediately.

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number

Name as it appears on the card.

Expiration Date

Security Code

Billing Address for Credit Card:

Address

City

State

Zip 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 ADHA25 which include me in promotional materials for future meetings.