

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		

Full Conference: (Check your selection) Access to General Sessions, Education Lectures & Hands-On Labs, Exhibit Hall & Evening Events.

Attendee Category – Full Conference	2/21 – 4/12	4/13 – 6/7	6/8 – 7/28
<input type="checkbox"/> Member	\$399	\$449	\$499
<input type="checkbox"/> Non-Member	\$599	\$649	\$699
<input type="checkbox"/> Retired**	\$349	\$399	\$399
<input type="checkbox"/> Student	\$150	\$150	\$150

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

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

Attendee Category – Daily Pass	2/21 – 4/12	4/13 – 6/7	6/8 – 7/28
<input type="checkbox"/> Daily Pass: Member	\$195	\$245	\$345
<input type="checkbox"/> Daily Pass: Non-Member	\$265	\$315	\$375

Check the Day/Days you wish to attend: ☐ Friday, 7/26 ☐ Saturday, 7/27 ☐ Sunday 7/28

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.

Attendee Category – Exhibit Hall Only	2/15 – 4/7	4/8 – 5/26	5/27 – 7/9
<input type="checkbox"/> Exhibit Hall Only	\$100	\$100	\$100

Check the Day/Days you wish to attend: ☐ Friday, 7/26 ☐ Saturday, 7/27

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

Add-On's

Research Workshop: Thursday, July 25th, 9:00 AM – 4:00 PM

☐ **Member** - \$150.00 (Workshop Only) ☐ **Non-Member** - \$150.00 (Workshop Only)

☐ **Guest Badges** – Access to the General Sessions, Exhibit Hall and Evening Events only *DUE to limited space, guests will not be allowed to attend Thursday's Welcome Reception.

****CE credits are NOT available for this registration category.**

\$75.00 each x _____ (# of Guests); Guest Name(s): _____

☐ **Award for Excellence & President's Dinner Tickets**

Saturday, July 27th, 7:00 PM – 8:30 PM at the Hilton Riverside Hotel

\$175.00 Each x _____ (# of Tickets)

\$125.00 each x _____ (# of Tickets)

Only for Board of Trustee, Delegate, Past President, Retired & Student

☐ **After Dark Evening Event – Drink Tickets:**

Saturday, July 8th, 8:45 PM – 11:00 PM at the Hilton Riverside Hotel

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

☐ **Awards & BOD Installation Reception:** Wednesday, July 24th, 6:30 PM – 8:00 PM

\$55.00 Each x _____ (# of Tickets)

☐ **IOH Donation** - ADHA's Institute for Oral Health (IOH) 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 IOH 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: _____

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 ADHA24?

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

What is your primary reason for attending ADHA24?

- ☐ Obtain 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
- ☐ Administration/management
- ☐ Other: _____
- ☐ Student
- ☐ DSO
- ☐ Public Health
- ☐ Self-employed

Are you currently an IOH State Liaison?

- ☐ Yes
- ☐ No
- ☐ If yes, what State: _____

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

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

REGISTRATION CANCELLATION POLICY

We understand that things happen, and sometimes you need to cancel. Eligible cancellations must be processed by **Friday, June 21, 2024**. Please see cancellation policy and eligibility below:

- A \$75 administrative fee will be charged at the time of cancellation for Full Conference registration categories (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, IOH Donations, Awards & BOD Installation Reception tickets, After Dark Evening Event Drink 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 form must arrive no later than **Friday, June 14, 2024.**

Mail checks to:

**American Dental Hygienists' Association
ADHA24 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 ADHA24 which include me in promotional materials for future meetings.