



PNDC 2022 PAPER REGISTRATION FORM

November 10-12 | Seattle, WA | (206) 923-8601 | pndc@shworldwide.com

Additional \$25 processing fee for using this form. Register online at wsda.org/pndc to avoid this fee.

Find registration categories and pricing online at wsda.org/pndc. Dentists must include ADA number to register at member prices.

Mail completed form to: 126 NW Canal St #300, Seattle, WA 98107 | Fax completed form to: (206) 443-9266

UPDATE TO TICKETED LECTURES

Lectures at PNDC 2022 are ticketed. **New in 2022: Your ticket will guarantee you access to a lecture for up to 15 minutes after the lecture's scheduled start time, at which point seating in the lecture will become first-come, first-served to all attendees.**

PRIMARY CONTACT (Fields marked with * are required.)

Primary Registrant Name*	
Office Name*	
Mailing Address*	
Phone Number*	

PLEASE NOTE

- Dentists must include ADA number to register at member prices.
- Please indicate the **session date, title and time** for each lecture or workshop ticket selected.
- For a group registration of more than 6 registrants, please print and include additional registrant pages.

Fields marked with * are required.

Registrant 1 (Primary Registrant)	
Name*	
Category & Price*	
Unique Email Address*	
Emergency Contact Name & Phone*	
Attending the Sips & Smiles Reception? Fri. Nov. 11, 5-6:30 PM	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please indicate lecture (free) and workshop (additional charge) tickets selected by this registrant.

Session 1	
Session 2	
Session 3	
Session 4	
Session 5	
Session 6	
Session 7	
Session 8	
Session 9	
Session 10	
Session 11	
Session 12	

Fields marked with * are required.

Registrant 2	
Name*	
Category & Price*	
Unique Email Address*	
Emergency Contact Name & Phone*	
Attending the Sips & Smiles Reception? Fri. Nov. 11, 5-6:30 PM	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please indicate lecture (free) and workshop (additional charge) tickets selected by this registrant.

Session 1	
Session 2	
Session 3	
Session 4	
Session 5	
Session 6	
Session 7	
Session 8	
Session 9	
Session 10	
Session 11	
Session 12	

Fields marked with * are required.

Registrant 3	
Name*	
Category & Price*	
Unique Email Address*	
Emergency Contact Name & Phone*	
Attending the Sips & Smiles Reception? Fri. Nov. 11, 5-6:30 PM	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please indicate lecture (free) and workshop (additional charge) tickets selected by this registrant.

Session 1	
Session 2	
Session 3	
Session 4	
Session 5	
Session 6	
Session 7	
Session 8	
Session 9	
Session 10	
Session 11	
Session 12	

Fields marked with * are required.

Registrant 4	
Name*	
Category & Price*	
Unique Email Address*	
Emergency Contact Name & Phone*	
Attending the Sips & Smiles Reception? Fri. Nov. 11, 5-6:30 PM	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please indicate lecture (free) and workshop (additional charge) tickets selected by this registrant.

Session 1	
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Session 5	
Session 6	
Session 7	
Session 8	
Session 9	
Session 10	
Session 11	
Session 12	

Fields marked with * are required.

Registrant 5	
Name*	
Category & Price*	
Unique Email Address*	
Emergency Contact Name & Phone*	
Attending the Sips & Smiles Reception? Fri. Nov. 11, 5-6:30 PM	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please indicate lecture (free) and workshop (additional charge) tickets selected by this registrant.

Session 1	
Session 2	
Session 3	
Session 4	
Session 5	
Session 6	
Session 7	
Session 8	
Session 9	
Session 10	
Session 11	
Session 12	

Fields marked with * are required.

Registrant 6	
Name*	
Category & Price*	
Unique Email Address*	
Emergency Contact Name & Phone*	
Attending the Sips & Smiles Reception? Fri. Nov. 11, 5-6:30 PM	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please indicate lecture (free) and workshop (additional charge) tickets selected by this registrant.

Session 1	
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Session 10	
Session 11	
Session 12	

Fields marked with * are required.

PAYMENT INFORMATION

Subtotal	\$
Processing Fee	\$25 (register online for no fee)
Grand Total	\$

Check (payable to WSDA) Check # _____ | Visa | MasterCard | AMEX

Credit Card Number:	
Expiration Date:	CVV Code:
Print Name:	Signature: