



SEPTEMBER 21-23, 2023

CONNECT. LEARN. EXCEL.

Doctor Registrant (Print or Type) Only one form per office necessary

Dentist Name _____

Name of Practice _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____

Email _____ ADA # _____

2023 ODA Annual Session Registration Form

Registration Codes and Fees		By 8/4	As of 8/5/23	Onsite
A	ODA member	\$99	\$125	\$125
B	Non-member	\$475	\$500	\$500
C	ODA retired life	\$0	\$62	\$62
D	ADA member (out of state)	\$99	\$125	\$125
DH	Hygienist	\$35	\$45	\$45
EF	EFDA	\$35	\$45	\$45
DA	Assistant	\$35	\$45	\$45
LT	Lab tech	\$35	\$45	\$45
OM	Office manager	\$35	\$45	\$45
RE	Front office staff	\$35	\$45	\$45
SP	Spouse (non-office staff)	\$0	\$0	\$0
MC	Minor Child	\$0	\$0	\$0
DS	Dental Student	\$0	\$0	\$0
DR	Dental Resident	\$0	\$0	\$0
HS	Hygiene Student	\$0	\$0	\$0
ST	Other Students	\$5	\$15	\$15
WCO Course W10 Only - Member Dentists		\$245	\$270	N/A
WCN Course W10 Only - Non-member Dentists		\$375	\$400	N/A
VP	VIP, with code	\$0	\$0	\$0
HVP	VIP other/as designated by ODA staff, code	\$0	\$0	\$0
CS	Component Society Staff	\$0	\$0	\$0

Exhibits Only registration is available for Dentists, Hygienists, Assistants, EFDAs, Office Managers and Front Office Staff but you must register online at www.oda.org.

Name for Badge (print or type) Last Name, First Name	License #	Registration		E-mail Address	Courses/Events (if registering for a free course, enter "0" for the Fee)								Total Fees	
		Code	Fee \$		Code	Fee \$	Code	Fee \$	Code	Fee \$				
1 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Promo Code _____

GRAND TOTAL \$ _____

Payment Method

Check or Money Order (Payable to 2023 ODA Annual Session)
Check # _____

Visa MasterCard American Express Discover

Credit Card # _____ - _____ - _____ - _____ Exp. Date _____

Billing Zip Code _____ Security Code _____

Signature _____ Print Name (on card) _____

Registration Mailing Instructions

MAIL registration form to the address below, or for faster service, register online at www.oda.org. Do **not** mail this form after **August 31**.

You may fax forms to (678) 341-3086 until **September 8**.

2023 ODA Annual Session
c/o Eleventh & Gather
6840 Meadowridge Court
Alpharetta, Georgia 30005

Questions? Call (678) 341-3049