

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 # _____

2025 ODA Annual Session Registration Form

Registration Codes and Fees		By 8/8	As of 8/9	Onsite
A	ODA member	\$99.....	\$125.....	\$125
B	Non-member	\$510.....	\$535.....	\$535
C	ODA retired life	\$0.....	\$62.....	\$62
D	ADA member (out of state).....	\$99.....	\$125.....	\$125
DH	Hygienist.....	\$65.....	\$75.....	\$75
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

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)	License #	Registration	E-mail Address	Courses/Events (if registering for a free course, enter "0" for the Fee)								Total Fees
Last Name, First Name		Code Fee \$		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 2025 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 29**.

You may fax forms to (678) 341-3086 until **September 12**.

2025 ODA Annual Session
c/o Eleventh & Gather
170 Depot Street Suite A
Blue Ridge, Georgia 30513

Questions? Call (678) 341-3049