



# 2026 ODA Annual Session Registration Form

**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 # \_\_\_\_\_

Registration Codes and Fees		By 8/7	As of 8/8	Onsite
A	ODA member .....	\$95	\$120	\$120
B	Non-member .....	\$505	\$530	\$530
C	ODA retired life .....	\$0	\$60	\$60
D	ADA member (out of state) .....	\$95	\$120	\$120
DH	Hygienist .....	\$45	\$55	\$55
EF	EFDA .....	\$25	\$35	\$35
DA	Assistant .....	\$25	\$35	\$35
LT	Lab tech .....	\$35	\$45	\$45
OM	Office manager .....	\$25	\$35	\$35
RE	Front office staff .....	\$25	\$35	\$35
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

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 \$	Code	Fee \$		
1 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Promo Code \_\_\_\_\_

GRAND TOTAL \$ \_\_\_\_\_

**Payment Method**

Check or Money Order (Payable to 2026 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](http://www.oda.org). Do **not** mail this form after **August 28**.

You may fax forms to (678) 341-3099 until **September 11**.

2026 ODA Annual Session  
c/o Eleventh & Gather  
170 Depot Street Suite A  
Blue Ridge, Georgia 30513

**Questions?** Call (678) 341-3049