



**Midwest Dental Assembly 2019  
IUSD Alumni Dental Conference Registration Form**

**EVENT SELECTION(S) for SATURDAY, JUNE 15, 2019**

<u>Qty.</u>	<u>Time</u>	<u>Event</u>	<u>Code</u>	<u>Fee</u>
___	8:00am – 9:30am	50 <sup>TH</sup> Breakfast Celebration for Classes of '69 and prior	(AA400)	\$0
___	9:30am – 1:30pm	Huckelberry Golf Outing @ Donald Ross Golf Course	(AA401)	\$120
___	11:00am – 1:00pm	Alumni Bowling Tournament	(AA402)	\$10
___	1:00pm – 3:30pm	Grand Hotel Tour	(AA403)	\$20
___	6:00pm – 11:00pm	All Alumni reception, dinner, photos	(AA404)	\$95
	6:00pm – 7:00pm	All Alumni reception		
	7:00pm – 9:00pm	All Alumni dinner		
	9:00pm – 11:00pm	Private class reunions and class photos photos		
		Prepay for class photos	(AA405)	\$15

**REGISTRATION INFORMATION**

**Primary Registrant:** \_\_\_\_\_  Alumni Dentist

**Guest Registrant (If Applicable):** \_\_\_\_\_  Alumni Guest

**Full Address:** \_\_\_\_\_

**City/State/ Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Alumni Class Year:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PAYMENT TOTAL: \$** \_\_\_\_\_

- Check is enclosed (*Payable to **IDA***)
- Charge to my credit card account  VISA  MasterCard  Discover  AMEX

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ Name on the card: \_\_\_\_\_

**Registration is coming soon to [www.INDental.org/Register](http://www.INDental.org/Register) or return registration form to:**

**Indiana Dental Association  
550 W. North St., Ste. 300  
Indianapolis, IN 46202  
Fax: (317) 634-2612 Email: [Meetings@INDental.org](mailto:Meetings@INDental.org)**