

2022 ANNUAL MEETING / ACTIVITIES REGISTRATION FORM

March 31 - April 3, 2022 | Cloister at Sea Island, Sea Island, GA

PLEASE PRINT

Name of Registrant: _____ Degree (circle one): DMD DDS Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Spouse Name: _____ Spouse E-mail: _____

Are you sponsoring a Guest Dentist? If so, Name(s): _____

REGISTRATION TYPE:

<small>PLEASE MARK FOR ALL ATTENDEES</small>	<small>Welcome Reception</small>	<small>Friday Breakfast</small>	<small>Friday Lecture</small>	<small>District Caucus/ General Assembly</small>	<small>Saturday Lecture</small>	<small>Saturday Mastermind</small>		
<input type="checkbox"/> Active Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$675	\$ _____
<input type="checkbox"/> Approved Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$675	\$ _____
<input type="checkbox"/> Guest Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> \$500	\$ _____
<input type="checkbox"/> Retired Member	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> \$450	\$ _____
<input type="checkbox"/> Out of State Dentist	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> \$675	\$ _____
<input type="checkbox"/> Spouse	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> n/c	
<input type="checkbox"/> Staff			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> \$200	\$ _____

ACTIVITIES:

- Golf** \$340 + Box Lunch \$68 x ____ \$ _____
 Archie Meekins (Members Only) Paired with _____ Handicap _____
- Tennis** \$50 + Box Lunch \$68 x ____ \$ _____
- Fishing** \$230 + Box Lunch \$68 x ____ \$ _____
- Dinner, Dance & Celebration**
 Dietary Restrictions: Allergy/Other: _____
 Active/New/Guest/Out of State Dentists (included in registration fee) n/c x ____
 Retired Member, Spouse or Other Family Member \$190 x ____ \$ _____

ANNUAL MEETING RAFFLE:

Your chance to win three night hotel accommodations to the \$100 x ____ \$ _____
 2023 Annual Meeting at the Ocean Reef Club **TOTAL:** \$ _____

PAYMENT METHOD: Check: *Made payable to FADPA* Visa MasterCard Amex
PRE-PAY/CREDIT: \$ _____
BALANCE: \$ _____

Credit Card No.: _____ Exp. Date: _____ CVV Code: _____

Billing Address: _____ Signature: _____ Billing Zip: _____

MEMBERSHIP DUES MUST BE CURRENT IN ORDER TO REGISTER AS AN ACTIVE OR NEW MEMBER.

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