



CADAT / CDAA Joint Annual Conference

Friday, April 25 – Saturday, April 26, 2025

Meeting Registration Form (see below for payment options)

Pre-registration is required. Membership is NOT required to attend. Attendees may choose one day or both days to attend.

First Name Last Name			
Home address	C	ity	Zip
Employer's Name	V	ork phone	
Work address	C	ity	Zip
Email (Note that this is where confirmations and o	communications will be sent) C	ell phone #	
·	m Director binary □ other 6-45 □ 46-55 □ 56-65 black/african-american □ v an □ two or more races □	□ >65 white	KDH □ Clinicai DDS
☐ I have the following dietary restrictions	or food allergies:		
□ CADAT member? CADAT member#		DDAA memb	oer? ADAA#
Complete all as applicable: RDA#	RDAEF# OAP#	DSA#	RDH# DDS#
Registration (up to March 22,2025)	CDAA or CADAT Member □ Friday & Sat: \$375 □ Friday only: \$215 □ Saturday only: \$21	5 🗆	n-Member Friday & Sat: \$475 Friday only: \$315 Saturday only: \$315
LATE Registration (after March 22,2025) □ I would like to attend only the Dental B Deadline for Meeting Registration is M Note: Deadline	-	5 □ 5 □ 1:30pm: No stration acc	cepted <u>until April 15, 2025.</u>
Payment Methods: 1. Credit Card: Register and pay her 2. Check / Money Order / Cashier's C Print, complete and send this	re Check: s Registration Form with cl nce, PO Box 6862, Lagun	neck payabl a Niguel, C <i>i</i>	e to CDAA to: A 92607-6862

Attendee's Signature

Date

My signature indicates that I agree to the Registration Terms and Conditions (next page) and Conference Code of Conduct.